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CLINICAL OBSERVATIONS
ON
PSEUDO-MORBID APPEARANCES;

DELIVERED AT CHARING-CROSS HOSPITAL,

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THE dermoid tissue may lose its firmness, in other words become softened, either from

1st. The mechanical distention by fluids in the cellular membrane; in which case, although it may seem to become thin only, it also becomes delicate and soft, and tears even with very slight efforts. Of this we see occasional examples where delicate tissues become the seat of œdematous accumulations.

2nd. In some individuals it loses its fibrous structure and eventually assimilates itself with the cellular tissue and participates in its soft and friable consistence.

3rd. It sometimes becomes softened and reduced to a pulp by active sanguineous congestion.

We may observe, also, that structures which are secretions of the skin, which have their origin in it, and derive their nutriment from it, participate in the changes to which it is liable; this is an interesting physiological peculiarity which we sometimes, and indeed frequently, see exemplified in scrofulous and phthisical patients.

The blood-vessels, both arteries and veins, are liable to softening of their coats, of which, either separately, or any two or more simultaneously, may become affected. The internal tunic in each is most commonly affected; it is sometimes followed by ulceration.

The cartilages may become so soft as to resemble paste; or they may pass from its ordinary state to that of fibro-cartilage, or become soft and transparent as jelly, with appearances characteristic of the fœtal state.

The bones also become softened, as in rickets and mollities ossium. The central organ of circulation, the heart, is, as we have frequent opportunities of seeing, also liable to softening, and especially its muscular portion. The brain, the spinal marrow, and the whole of the nervous tissues undergo similar change, as well as the parenchymatous structures, to which I am not aware of any exception.

The special circumstances on which the softening of parenchymatous structures depend, are stated to be,—

1st. Diminution of the consistence of their own proper structure.

2nd. Diminution of the consistence of the cellular tissue interposed between their proper tissue, and dividing it into lobules, grains, &c.

3rd. The presence of a certain fluid in the areolæ of this tissue, which necessarily tends to separate and disunite its molecules.

4th. An usual fluidity of the blood.

The muscular structures become softened; as, for example, in the neighbourhood of large abscesses, where the parts in the vicinity participate in the tendency to suppuration; in cases of long-persisting chronic disorders, where a laxity of fibre and general debility is brought on; in some instances of nervous disease; in chorea that has been long continued, a soft, flabby state of the muscles is often perceived. It may arise from long inaction of the muscles independently of disease, or from the inaction consequent upon paralysis; an instance is cited by De Haen of softening of the muscles after an attack of painter's colic, to such an extent that they were reduced to a pulpy mass. The muscular textures that surround the mucous linings of different viscera are also liable to softening, as we have seen, in which case they may be either involved with the other membranes in that change, or may be softened alone.

A softened structure may present, with regard to structure itself, three different states:—

1st. The tissue may retain its solid appearance, but be torn or ruptured even on the slightest touch.

2nd. It may be reduced to a pulpy, almost fluid, mass, in which the change is evident to the sight.

3rd. There may be no trace left of the original structure, except in detritus.

The softened part, or organ, may remain of its natural form and size: it may be increased either by atrophy or by simple congestion (of these the latter is the most common), or it may be diminished in size, as in true atrophy, and as is commonly the case in the softening from continued chronic complaints, from chorea, from paralysis, and from inaction, independent of disease, of which I have already spoken.

As this change of structure may take place without either change of size, or change of appearance, so, also, it may take place without change of colour; the softened part may, however, on the one hand, present a paler hue, even to milky-white, or, on the other, a darker, including the various shades of bright-red, black, grey, or yellow. As softening is most frequently accompanied by hyperæmia the darker colours prevail, accordingly as the hyperæmia may be either greater or less in intensity, or more or less general with regard to individual parts of the morbidly affected structure. A dark colour may also be the consequence of anormal secretion of colouring matter.

With these general rules in our memory we may proceed to consider some of the morbid softenings which may be closely resembled by post-mortem changes that take place within a short time after death; and we may premise, with reference to time, that while morbid *indurations* are, almost without exception slow results, morbid *softenings* do not conform to any general principle, and may be the result of either a few hours or of an indefinitely protracted process.

We are, as you are aware, in the habit of frequently finding the heart after death so softened that the finger passes through it with even very slight pressure, and this so soon after death that to post-mortem change it can scarcely, with any degree of probability, be attributed. The colour of the organ in this state is subject to the general rule already spoken of, and may be of its natural colour, or paler or darker; it is also sometimes of a yellow tinge. All these peculiarities may exist either partially or generally.

There is acknowledged difficulty in distinguishing, from appearances, between morbid and cadaveric softening of the heart; and even where the circumstances under which the patient has died are known, we cannot, from such knowledge, draw satisfactory conclusions; for there may have been no symptoms of heart disease during life, and yet a softening of the heart found immediately after death. It is only, therefore, when post-mortem examination takes place late, that we should even feel ourselves justified in assuming that the change was cadaveric. After a certain lapse of time, however, the question may arise, in which case we may call to our recollection certain peculiarities which, under proper limitation and precaution, may at least be expected to aid, although they may not wholly direct us.

With reference to colour: in morbid softening it may, as we have observed, either be of its natural colour, pale, almost to whiteness, or red, almost to brownness, with the intermediate shades. In pseudo-morbid softening there is not liability to similar paleness, nor to yellowness, and in proportion as the red varies from that which is natural it is towards a purplish or livid hue.

With reference to texture, the morbid softness presents a peculiar brittleness or crispness of fibre; in cadaveric softening there is generally a degree of toughness. It should be recollected, also, that in old age the heart is naturally soft and flaccid, and the parietes thin. The lining membrane in softening of the heart during life does not generally participate, but in softening from decomposition the membrane also evinces signs of change; this may be regarded as the most uniform and strongest indication. In either case there may be ecchymosis of the lining membrane, but ecchymoses formed during life, as sometimes occurs in purpura hæmorrhagica, are generally of regular figure, and may be in elevated as well as in depending parts. In cadaveric ecchymoses or discolouration they will generally be irregular in form, and in depending situations.

Morbid softening of the brain is a pathological state which may be said to be common, and we should possibly find occasion to pronounce it still more so could we be sensible of every shade of departure from the firm and natural structure; our senses, however, whether unassisted or assisted, do not enable us to perceive that there is any change until, were our faculties more powerful, we should discover it to be already very far advanced. In that kind of softening of the brain to which our present observations refer, neither the liquid state of the early embryo brain, nor the soft state of the infant brain, are included.

According to the observations of M. Billard, softening may take place immediately after birth, and there is every reason to believe that the brain even prior to birth, after it has acquired considerable firmness, may again become soft; in such case the softness is frequently general. So far as there is a connection between softening of the brain and hydrocephalus, both may be presumed to be liable to occur at the same periods of life.

According to the Carlisle Tables, including eight years, and stating the cause of death of 1615 persons, of all ages, it appears that out of that number two died under five years of age, two between five and ten, and one between ten and fifteen; and according to the tables of the Equitable Insurance So-

siety, embracing the whole period from Jan. 1, 1801, to Dec. 31, 1832, and stating the causes of death of 4095 persons, from ten years of age upward, that none died of hydrocephalus between the ages of ten and thirty, one between thirty and forty, three between forty and fifty, four between fifty and sixty, and one between sixty and seventy. It is generally stated to be more common between two and fifteen than between fifteen and twenty, and to be more frequent in old age than in the middle period of life.

Although softening of the brain may be a change of structure wholly distinct from hydrocephalus, and either hydrocephalus may exist without softening, or softening without hydrocephalus, yet they so frequently exist together that we cannot doubt their being in many cases effects of a similar cause. There is sometimes evident infiltration of the substance of the brain by serous fluid; sometimes softening with evident dropsy of the ventricles, and not unfrequently, in adult subjects, it is associated with general leucophlegmasia and cachexia. It is commonly attendant on low or malignant fever, on chronic diseases, particularly pulmonary affections, marasmus, diabetes, general dropsies, mesenteric and visceral disease. In proof that the density of the brain is actually diminished it is stated that Meckel found a cube of six lines taken from the brain of a man dead of phthisis a grain and a quarter lighter than the same bulk of sound brain. The same state of brain may be produced by injecting water through a small opening made in the head; the whole fluid injected will not be found in the serous membrane.

It has been stated that there is a species of softening which is a simple diminished consistence of the brain, without change of structure; that there is greater flaccidity, decrease of its natural firmness, toughness, or tenacity, and of that clamminess, or viscid feel which it usually communicates to the touch. It appears to be preferable (as it is desirable that our definitions should be exact wherever they can be so) that we should say without *visible* change; the consistence cannot be the same, and the component parts different, although the difference may be seen and the change of structure not.

We do not find that any part of the brain is exempt from liability to this change. There are certain parts, however, more commonly affected than others, and the recollection of these will be calculated to assist in discriminations which it may be necessary to make; a circumstance which may assist to imprint these on the memory is, that the portions of brain most liable to softening are the portions most liable also to cerebral hæmorrhage; for example, the thalami optici, the corpora striata, and their adjacent parts; and, as a general rule, it occurs more frequently in the grey substance than in the white. It is almost impossible to describe the degree or degrees in which it may be partial.

M. Andral states that "softening of the cerebro-spinal axis is less frequent than that of the brain, properly so called;" that "it is observed, however, in the mesocephalon, in the various portions of the cerebellum and in the spinal cord."

These changes of structure may have taken place in such a manner and in such a degree as to be either perceptible to the touch only, to be perceptible to the eye, to be reduced to a fluid containing only the cellular structure (the original framework of the fabric), or it may be wholly liquefied.

All these are changes of very great interest in a pathological point of view, but in connection with our present subject, we need only revert to the two conditions in which the softening has not proceeded to liquefaction.

To assist us in distinguishing between morbid softening and cadaveric softening of the brain, we must not overlook the colours which are incidental to the morbid state. It may, like the parts already spoken of, preserve its natural colour, or it may be rosered, purple-brown, violet, yellow, greenish-yellow, light grey and deep grey, with all the shades that may grow out of different combinations of these. That these varieties of colour do exist in the morbid softening, it is proper that we should know; not that we can use the knowledge as marks to guide us to a confident diagnosis, but as beacons to guard us against erroneous conclusions, for they are sometimes spoken of as characteristic of morbid softenings. We should also recollect that there are certain differences of consistence, even of the healthy cerebral and spinal system, in different parts and at different ages, for example. In the adult the spinal marrow is softer than either the cerebellum or cerebrum; the cerebellum than the brain, and both these parts than the pons varolii. In the child the spinal marrow is firmer than the brain, and more resisting than in the adult. Dr. Todd, however, expresses a doubt whether this would be the case immediately after dissolution, and refers to the Essays of Calmeil.

It has been stated, upon good authority, that in morbid softening, the part is generally circumscribed, and this, as a general rule (like all general rules, however, liable to exception), is a valuable distinctive sign. The converse, however, that cadaveric softening is general, must be regarded with circumspection. According to Orfila cadaveric softening does not always begin at the same time in all parts; for example, the fornix, septum lucidum, and walls of the lateral ventricle soften before other parts. There can be no doubt, however, speaking of the whole mass of the brain, that in cadaveric

softening there is a degree of uniformity of condition in all its parts.

We may, on some occasions, find in a portion of softened brain purulent secretion; such indication is satisfactory evidence of morbid action. According to the opinion of M. Lallemand, in every case of *white ramollissement* the white colour results from purulent infiltration; but M. Andral differs, and considers that in many such cases there is nothing like pus to be seen. So, also, softening in the immediate vicinity of effused blood, might strengthen the opinion that it depends upon an infiltration of the more fluid particles of the blood into its substance, and the probability would be enhanced should there be also a correspondent tinge of red colour. Sometimes the softened portion has a smell of sulphuretted hydrogen, but neither this odour, on the one hand, nor the odour of cerebral matter presumed to be in a state of decay, on the other, can furnish any satisfactory criterion.

The condition of the brain and other parts, with relation to the progress of decomposition, should, with the other circumstances, be carefully weighed, and these may, in some instances, enable us to draw strong probable inferences; but I cannot direct your attention to any characteristic distinction or distinctions in which you may safely venture to confide.

We often find it requisite, as you are aware, to determine whether fluids found in the closed cavities of the body are otherwise than in their natural quantity, or otherwise than of their natural character, for these cavities are constantly subject to exhalations from their surface. These exhalations, be their character what it may, are supplied by the circulating fluid, and are liable to change accordingly as changes may take place in the source whence they emanate, and may contain new elements as new qualities and matters are imparted to the blood.

The natural quantity of secretion may be augmented or diminished, or sensible changes may take place in its qualities; it may be more or less viscid, more or less coloured, and have more or less odour, even when the blood itself, although subjected to the most searching investigation, evinces no sensible alteration. That the subtle elements of foreign matters, however, having sensible qualities capable of being readily recognised, do quickly pervade the circulating fluid, and almost as quickly pass off in combination with its exhalations, we see in those instances where camphor or other odorous substances being injected into the vessels of a living animal, are forthwith recognised in the exhalations from the lungs.

It is not necessary, in connection with our present object, that we should pay particular attention either to that species of elaboration of the blood, which finally constitutes assimilation, or to that which takes place in follicular and glandular structures, constituting secretion.

The morbid secretions or effusions to which our present attention is directed differ from the healthy in three general ways:—

They may be natural in quality but superabundant in quantity.

They may be natural in their qualities; that is, they may be such as it is not unnatural for vessels to give forth, but they may be found in parts where their presence is not natural. They may have been deposited in these parts, or translated to them by different processes.

The secretions may not be natural, and may be different from what they should be, in all degrees, from that in which the want of similitude is but merely perceptible, to that in which no similitude can be perceived.

Either of these might be produced in any part of the body, the only requisite for their production is the power of secretion, and that is common to all parts.

A peculiarity connected with morbid secretions is that all tissues, however dissimilar, are capable of secreting similar fluids. This, however, is an illustration of the close connection between secretions and the vital fluid; for we have already observed that the materials of different secretions may be formed in the blood during circulation, and deposited when coagulation takes place. When the natural secretion ceases wholly to be deposited, either in the healthy or in a morbid state, it most commonly follows that the cavity becomes obliterated, not that it secretes a fluid entirely foreign from its natural production; yet there are such examples. M. Andral states that he once saw the gall-bladder form a considerable tumour below the cartilaginous margin of the ribs, in consequence of the obliteration of its ducts; instead of bile, its cavity, which was enormously dilated, contained a large quantity of clear serous fluid.

All parts of the cellular tissue are subject to serous effusions, and they generally occur where its texture is most loose, and its position most dependant. M. Andral considers that the dense compact cellular tissue which lines the mucous membranes is not exempt from this affection, and says that in such cases the membranes being raised by the accumulation of serum behind them, present a tremulous appearance, and sometimes convey a distinct sense of fluctuation. M. Bichat did not consider this membrane liable to infiltration. This species of deposit, however, does not require our attention at present. The peritoneum is of all the serous membranes most subject to dropsical deposits, which, together with effusions in the thorax, in the cranium, and in the spinal canal, and the pericardium, are those most frequently requiring that we should determine whether they are diseased or post-mortem effusions.

The fluid effused during life, either in the cellular tissue, or in the serous cavities, presents the physical properties of the serum of blood. It may be colourless, green, yellowish, or reddish, accordingly as there may be modifications in the quantity of the colouring matter. It is yellow in cases associated with jaundice, and in some instances it has contained uric acid. It resembles the serum of blood both in not coagulating spontaneously, and in coagulating by heat, by acids, by alcohol, and by electricity. In its chemical qualities, also, as well as in its physical, the effusions often resemble the serum of the blood. The fluid is usually transparent, but occasionally contains flocculi. It is not necessary that the surfaces producing anormal secretions should themselves be of anormal appearance. All these points it is desirable to recollect in connection with considerations relating to morbid and pseudo-morbid effusions.

All the different serous cavities contain some fluid, and a knowledge of the natural quantity which each might contain independently of disease is necessary. In relation to this it is proper that you should at no time lose sight of some general laws or rules which apply to effusion or exudations that take place after death.

We have already observed that it is of importance to be aware of changes that take place after death, with a view to judging of appearances of textures and surfaces, but there are no circumstances under which precautions are more necessary than in those connected with effusions. Changes of colour and of texture, although they may be sometimes slower and sometimes quicker in taking place than at others, are essentially uniform, but the progress of effusion is not uniform; indeed, for some time after death there is a process of absorption, and even fluid which exists during life disappears. This is peculiarly the case in the cranium and the spinal canal; it is necessary to speak of these together, for they, in fact, as you are aware, form but one cavity, the fluid having a free communication, a portion of the same fluid being found in the lateral, and the third and fourth ventricles of the brain, which communicate with a space between the arachnoid and pia mater by an opening at the inferior extremity of the fourth ventricle between upper part of the spinal marrow, and the valve of Vieussens.

During life, then, there exists a fluid between the visceral layer of the arachnoid and the pia mater, both of the head and spine, the whole quantity of which is never below two ounces in the adult, and often amounts to five in subjects of large stature, and whose cranium is not of small dimensions. This fluid may be demonstrated in full quantity, either during life or at a short time after; but after a period of little more than twenty-four hours it becomes absorbed, and therefore diminished in quantity, or altogether removed. Thus, a quantity of fluid within the cranium and spinal canal, at any time within the 24 hours, approaching more or less near the full quantity stated, accordingly as the time of examination may be more or less distant from death, is perfectly natural. After 24 hours the absence of fluid is natural; the presence of fluid indicates that there had been more at the time of death than the natural quantity, or that the absorption after death had been less than naturally effective.

At a still later period effusion is recommenced, and the quantity will vary according to time and to the progress of decay. After this period it becomes difficult to decide from the quantity of fluid, whether it is a morbid or a pseudo-morbid production. In judging of the morbid or pseudo-morbid origin of fluid in the pericardium, the quantity forms a very leading criterion; and in this, as well as in other serous cavities, after the lapse of a certain time, when decomposition begins to take place, the capillaries on the various surfaces begin to admit of exudations, and accumulations in consequence take place. The characters of such exudations must necessarily be judged of by the degree in which they differ from the morbid exudations. These may be enumerated under certain heads:—

1. Serum, differing from the serum of the blood only in its containing a greater or less proportion of albumen.

2. Serum combined with a certain quantity of the colouring matter of the blood.

3. Pure blood.

4. Pus; this secretion is often found in the cavity of a serous membrane.

5. The matter that spontaneously goes into a state of organisation, and that produces the false membranes which we so often meet with.

With reference to the two first, it may be observed that cadaveric exudations are very commonly produced, so similar to them that we are not enabled by their sensible qualities to distinguish one from the other; and it becomes necessary to take into consideration the character of the disease which has preceded death, and the length of time that death may have preceded the post-mortem examination.

With reference to the third, effusions of pure blood, it may be observed that they most commonly occur in the pleura and in the peritoneum. Although, in some instances, cadaveric exudation from the surfaces of these cavities is so strongly tinged with red, that it has almost the appearance of blood, yet it contains a superabundance of aqueous particles. When blood is effused there will commonly be appearances as if the membrane was studded with small red points of blood, in a semi-coagulated state. Of the latter it may be observed, that where

ever they are found there can be no doubt of diseased action having given rise to them; yet it must not be expected that we shall always find corroboration of this in the evidence afforded by corresponding diseased surfaces, for the production of any of these effusions is not incompatible with an entirely healthy appearance of the surfaces which yield them.

Of the effusions within the cavities of the pleura and the peritoneum, we may consider that they are seldom found earlier than 36 or 48 hours after death; that the quantity will be in proportion to the progress of decomposition; that the fluid has generally a red colour, from containing colouring particles of the blood; that the essential character of the fluid is serous; and that there is the absence of flocculi and organised matter.

There are certain states of the bones, as well as of the soft parts, which it may be desirable that I should briefly direct your attention to, in which it may be necessary to distinguish between appearances that may be the result of injuries prior to death, of accidents during removal of the body after death, or during post-mortem examination. It is highly important that we should not come to a hasty and erroneous opinion as to the source of any fracture that comes under our notice, especially where violence may be suspected. It must necessarily occur to the physician, that there are conditions of the bone during life in which it differs in its component parts, and consequently in its powers of support and resistance from bones in the healthy state; for example, in rickets, in fragilitas ossium, and in mollities ossium; each of these we find to be connected with some certain period of life, or with some peculiarity of constitution. Rickets, for example, is the disease of very young children, making its attack between the age of six months and two years; it has a tendency also to restrict the skeleton to its infant proportions, as large head and upper part of the body, with small, short legs, and lower part of the body.

Fragilitas ossium we find most commonly attacking adults and persons advanced in age; it is somewhat singular that certain diseases appear to predispose to it. It is said that patients suffering from cancer have sometimes the bones so brittle that they seem as if they had been calcined. Scurvy, also, induces such brittleness of the bones that they are broken with the slightest touch, and still further resist their reunion.

Mollities ossium is almost peculiarly the disease of women; of these it is almost confined to those who have families; it generally attacks during pregnancy, and if existing prior to that event, is augmented by it.

In the disease called rickets, during the early period of life, the firmness and strength of the bones are much diminished. This state, however, is generally confined to the early period of life, for although the ricketty proportions of the skeleton may be retained in after life, the bones acquire great strength. It is known that the dwarf O'Farrel accomplished feats of great muscular strength, and this could not have been without great strength of bone.

That the disease called fragilitas ossium renders the bones extremely liable to break, under even insignificant degrees of force, requires also to be recollected. A case is recorded, for example, of a person who broke her arm by merely leaning on the arm of her servant. A case is published in one of the London medical periodicals of a person who could not even turn in bed without breaking some of his bones; and we had some time since a youth in the hospital who had suffered fractures of almost all the limbs from seemingly inadequate causes.

In mollities ossium, also, a very fragile state of the bones is produced.

I need not detain you further in reference to these, than to suggest the propriety of keeping these circumstances in your recollection in cases where your decision may be required.

There are other circumstances, however, under which fractures of bones may take place, the exact causes of which fracture it is necessary to know. As during post-mortem examination we may, by deficiency of caution, rupture or lacerate parts that have even their natural texture, so we may, by rashness, produce fractures where none previously existed; to be upon our guard against this is peculiarly necessary. In examination of the head, fracture of the base of the skull has been produced by removing roughly the upper part of the cranium.

I have an opportunity of showing a parietal bone in which there are fissures, and a deep indentation. The indentation, you may perceive, is about as large as if it had been produced by the pressure of the thumb, it is sufficiently deep to leave no shadow of it having been the result of considerable force. The point of interest, however, is not that they are there, but how they came there; and the explanation I hope you will not forget. The bone is part of a collection belonging to Mr. Edwin Canton, and by his permission you have an opportunity of examining it.

There is everything in the appearance of the bone to give the impression that it was produced by violence, and by a hard obtuse instrument, and had the child been the illegitimate offspring of some unhappy woman, and born and found dead under such circumstances as to warrant a suspicion of infanticide (circumstances which may at any time befal any parturient woman), it is too probable that that would have been the tenor of the evidence. The mother, however, was

not unmarried, nor alone in her trouble, and still more, was not without proper and skilful aid. Yet, from an obstacle which for some time delayed the birth of the child, and from the strength of the parturient efforts to assist in overcoming the difficulty, the thin yielding bone of the cranium sustained a degree of pressure which produced at once the fissure and the indentation; in other words, the bone was depressed and fractured in the course of a labour which was natural, and under circumstances which leave no doubt that all proper means were used to procure the birth of the child with all possible safety and immunity from harm.

Leciaux, in speaking of infanticide, says, that the head in the course of birth may be "flattened transversely, or even one or both parietal bones fractured longitudinally, or in an angular or stellated form;" this case is an illustration of that assertion.

It may, perhaps, occur to you, and very properly, that such an injury would only take place where there had been difficult and protracted labour. Such is certainly the great probability, but the condition that the labour should be *protracted* in order to produce it, is by no means necessary, for greater uterine contraction would be a fully adequate compensation and an equivalent for time, as we know that time is an efficient equivalent for force, in the absence of energetic efforts.

METROPOLITAN FREE HOSPITAL.

CASES OF BURSAL SYNOVITIS, WITH OBSERVATIONS.

By P. Bennett Lucas, *Esq., Surgeon to the Hospital.*

May 16, 1839.—Susan Rockall, ætat. 53, was received at hospital this day. She has been for several years in the habit of kneeling, whilst employed in scouring boards, without suffering any inconvenience, until about twelve months ago, at which time, when in the act of scouring a flight of stairs, she knelt upon a small, sharp stone, which slightly lacerated the skin covering the left patella, and occasioned her much pain. In a few hours after the skin became reddened and painful, but by rest and warm fomentations, the inflammation subsided. A week after this accident she observed a small tumour situate on her knee-cap, which did not prevent her from following her business as a charwoman, and which has gradually increased in size, without giving her any inconvenience beyond a stiffness of the knee, merely occasioned by the tension of the integuments. She is now in excellent health, and has been so for many years.

Present state.—A transparent ovoid tumour, larger than a goose's egg, occupies the anterior aspect of the right patella. Its parietes are so thin that the light can be seen through them, and upon passing the tumour between the finger and thumb the sides can be made to meet. The patella is hid by the tumour. She can walk without inconvenience, but experiences a dull pain in the anterior part of the joint. She has applied for some weeks past, by the direction of her medical attendant, cold lotions.—A blister was ordered to be applied on one half of the tumour, and to be kept open with savine cerate.

May 20. No attempt at absorption.—A blister was directed to be applied to the other half the tumour, and to be dusted with savine cerate.

Compound powder of jalap, one drachm, every second night.

June 3. No alteration in the tumour.—A blister was again directed to be applied, and tincture of iodine to be laid on the blistered surface.

10. No alteration.—The application of the tincture of iodine to be discontinued, and excoriated surface to be dressed with simple ointment.

17. The tumour is precisely in the same state as when she first presented herself at hospital. Mr. Lucas made an opening into it this day with a lancet, and about seven ounces of a clear watery fluid were discharged. The flaccid integuments were folded on themselves, and a roller was loosely applied around the joint. She was enjoined to give the limb rest, and to apply, occasionally, the acetate of lead lotion.

20. The skin has contracted fully one half; the bursa discharges a thickish fluid, partly synovia and partly pus.

27. The skin has contracted to its natural size. The incision made by the lancet still remains open, and is surrounded by a bluish venous tint for some lines; the discharge is very trifling. The edges of the incision were touched with nitrate of silver, and simple dressing applied.

July 4. The incision has healed, and no trace of the tumour remains. Dismissed cured.

July 8, 1839.—Matilda Gould, ætat. 19, a strong, athletic girl, was employed in scouring boards three days since, and had been kneeling some hours. Beyond a sensation of stiffness about the left knee, she did not experience any inconvenience until the following morning, when she observed a small tumour, which continuing to increase, she applied for relief this day. The tumour is now about the size of a hen's egg, is of a globular form, and elastic; the integuments covering it are coarse, corrugated, and slightly reddened; it is situated anterior to the patella, which bone cannot be felt except laterally. Handling the tumour does not give her the least pain. An extensive ecchymosis occupies the skin of the outer part of

the leg, extending from the tumour to the outer ankle. She has no recollection of having received any blow or other injury to account for the discolouration of the integuments.—A blister was directed to be applied to the tumour, and to be kept open with savine cerate.

Compound jalap powder, one drachm, every second night.

15. The tumour is considerably smaller. The blistered surface to be sprinkled with powdered savine.—Repeat remedies.

18. Not much change in the tumour.—The savine cerate to be discontinued and the raw surface to be dressed with fresh lard.

22. The tumour is much firmer to the feel and is about half its original size. A crepitus can be distinctly felt upon pressing its parietes, and moving them upon each other. Firm pressure was made upon the tumour by means of adhesive straps.

29. The tumour has nearly disappeared.—Continue the application of the pressure.

Aug. 1.—Dismissed cured.

June 3, 1839. James Walsh, ætat. 19, states that he had been kneeling, two days ago, for some time, on cold stones, and observed yesterday a swelling of his knee. The tumour is situate over the left patella, and is about the size of a large walnut; it is elastic to the touch; handling it gives no pain, although the skin covering it is of a bright red colour. He complains also of pain, extending down the outer side of the calf of his leg.

Three leeches were directed to be applied to the tumour every other night, and his bowels being confined he was ordered some aperient mixture.

6. The redness of the integuments has disappeared, but an ecchymosis occupies the outer side of the calf of his leg, extending from the knee downwards, for some inches. He denies having received any hurt to account for the ecchymosis. The tumour is considerably diminished, and gives a crepitating feel when handled.—The leeches were ordered to be repeated, and an aperient powder, consisting of—

Calomel, one grain;
Rhubarb, five grains;
Ginger, two grains. To be taken every other night.

10. The tumour has subsided, and the ecchymosis is fading. Dismissed cured.

I shall precede the observations it is my intention to offer you on the cases of bursal synovitis which have presented themselves to us during the last three months, with a few remarks on the structure and uses of the bursæ mucosæ, as they have been termed. These synovial sacs were designated bursæ mucosæ by the older anatomists and surgeons, in consequence of their supposing that the fluid which they secreted, as well also, indeed, as that afforded by the synovial membranes of the articulations, was identical with that secreted by the mucous membranes; and hence, also, originated the mucous glands of joints, which are now known to be nothing more than packets of fat, and the term *ligamenta mucosa*, which is attached in some instances to these fatty bodies. Wherever great motion is required to be performed in the human body, we find the common cellular tissue in such situation to present an arrangement fitted for this purpose; it becomes as has been termed reticulated, is very loose, and the intervals between its constituent fibres are necessarily very considerable; on the other hand, where little or no motion is required, an opposite condition of this tissue exists. As extreme illustrations, I may recal to your recollection the great difference that exists between the cellular tissue found in the axilla and that of the heel. These larger cells may be looked upon as the first rudiments of the more perfectly developed synovial bursæ; like them they are continually being moistened, during health, by a fluid, or rather vapour, which admirably adapts them for facilitating motion, and which vapour, when condensed, or collected in quantity sufficient for chemical analysis, is found, like the synovia secreted from the bursæ, to contain albumen in a greater or lesser quantity. Moreover we find, that from causes purely accidental, synovial bursæ have been developed in situations where nothing but cellular tissue previously had existed; for instance, in club-feet, between the skin and the prominent side of the tarsus, between the skin and the projection of a curved spine, under the cicatrix of a stump, and even under the cicatrix left in the skin covering the patella after the original bursa had been removed by the knife. The synovial bursæ, however, as they are met with in the natural condition of the human body, are in no ways dependent upon the chances of attrition for their development, for long before such a cause can exist they are to be detected; thus, in the fœtus just born, those bursæ covering the patella and the olecranon, those situated deep in the vicinity of tendons, as where the tendons of the psoas and iliac muscles pass to their insertion into the lesser trochanter, are as well developed for the functions the being has to perform, as they are in after life, where more resisting passive organs of locomotion, and more powerful active ones, are continually being called into operation.

It is to Munro in this country, and to Béclard, that we are chiefly indebted for our knowledge of the anatomy of the synovial bursæ. Before their time the anatomist was acquainted with but comparatively few of them, and now some hundreds are known to exist. They admit of being classified into two sets, first, those situated between the skin and resisting parts, destined for free

and frequent movements, and those more deeply situated, where tendons of muscles glide over bones, where tendons move upon each other, or where tendons of muscles are reflected for the purpose of altering their action. The former may be, with propriety, designated, the *subcutaneous synovial bursæ*; the latter the *deep synovial bursæ*; although, in the latter case, the term bursa may not be strictly applicable to the elongated synovial membranes of tendons, such, for instance, as those which surround the flexor tendons of the fingers.

The synovial bursæ resemble in structure the serous membranes, but are more delicate, particularly where they surround tendons; they belong to the white tissues, and are the seat of a constant secretion and absorption. Possessing no sensibility in their healthy condition, and secreting a lubricating fluid, they are admirably calculated to facilitate the motion of one part upon another, and to bear a pressure in the execution of their functions, which organs possessing more sensibility would be unfitted to do. Nay, even when inflamed, they do not give evidence of that high degree of sensibility which other white structures do; and in the cases which have presented themselves of inflammation of the bursa covering the patella, the patient experienced no pain. The subcutaneous synovial bursæ, as might, *à priori*, be anticipated, are more subject to inflammation and its consequences, from accidental causes, than those bursæ which are more deeply seated, and which, consequently, are not exposed to blows or injuries from foreign bodies; whilst the deep-seated bursæ, on the contrary, participate more with constitutional diseases, such as rheumatism, gout, and so on. They often, also, become affected in conjunction with articular synovitis; and I have seen them take on inflammatory action in patients who have suffered from the abuse of mercury.

Last winter a physician residing in London, and who has long since retired from the practice of his profession, asked my opinion respecting the nature of a tumour situated under the glutæus maximus muscle of his left side, and which was more a source of uneasiness than inconvenience to him, the impression on his mind being that it was a hernia. The tumour was about the size of a pigeon's egg, would sometimes disappear, and he could thrust it into the pelvis with his hand.

On a careful examination it was very evident that the tumour never entirely disappeared, although, for its greater extent, it could be pushed into the pelvis; and, taking this circumstance into consideration, together with the elasticity of the swelling and its locality, being exactly situated over, or rather in, the lesser sciatic foramen, it was pronounced by myself, and others who were present, to be bursal synovitis. This opinion was further strengthened by making the patient move the limb, by rotating it inwards and outwards, by which movements the tendon of the obturator internus muscle, where it passes through the lesser sciatic notch, was brought into play; and by this proceeding the swelling was made partially to appear and disappear at pleasure. This gentleman had, for some months prior to the appearance of the swelling, been the subject of rheumatism, from which disease he had suffered seriously. Wishing to rid himself of the tumour, and all other means having proved ineffectual, he thrust a lancet into it, and discharged its contents, which proved to be synovia; and having repeated this operation three or four times, it at last totally disappeared, without any bad consequences following.

I should have hesitated in this case to have opened a bursa so situated, particularly as the inconvenience which the patient suffered from it was not of that severity to warrant the proceeding. The result of the case, however, has been most satisfactory to all parties, for the operation of opening the tumour, proved, beyond all doubt, the correctness of the diagnosis on the one hand, and removed on the other, a source of some inconvenience and great annoyance to the patient.

In further illustration of the deep-seated bursæ participating in constitutional affections, a case presented itself in private practice of arthritic iritis, some months since, in which the knee-joint, and the bursa beneath the deltoid muscle participated in the disease. This gentleman had been the subject of iritis on two occasions before I saw him, and each time the left knee was also inflamed, the inflammation terminating in effusion.

At the time of his last attack he had iritis of his left eye and acute pain in the knee, and also under the deltoid muscle of the same side. As the iritis subsided, the pain of the knee and shoulder diminished, and ultimately effusion took place into the joint and the bursa.

That the effusion beneath the deltoid muscle was into the bursa, and not into the shoulder-joint, was evident. The swelling was very considerable, the deltoid muscle raised, the tumour elastic, and examination by the axilla gave no evidence of fluid within the articulation.

A young gentleman, who had suffered much from nodes and other consecutive symptoms, which he attributed to the abuse of mercury, asked my opinion respecting a tumour which was situated on the inferior angle of the scapula, and which he was fearful was a node. Upon examining the swelling it was evidently caused by inflammation of the bursa which intervenes between the inferior angle of the scapula and the latissimus dorsi muscle, where that muscle glides

over it. The tumour was of an oval shape, about the size of a walnut, was elastic and painful to the touch, and motion of the extremity occasioned much pain in it. By the application of leeches, and the internal administration of iodine, and the concentrated decoction of sarsaparilla, the tumour was dispersed in a week or ten days.

The indolence which effusions into the subcutaneous bursæ occasionally exhibit, is often the cause of much anxiety to the patient, particularly in females, if the tumour happens to be situated in parts exposed to view. Those swellings called ganglions, which are of this nature, and which are frequently situated on the dorsum of the wrist of delicate females, often resist all kinds of treatment beyond the giving exit to their contents by puncture, or by pressure bursting the sac, when the synovia becomes diffused into the cellular tissue, and is ultimately absorbed.

There is a small subcutaneous bursa situated between the prominence of the thyroid cartilage and the skin, which occasionally becomes distended with synovia, and which in females gives a very unsightly appearance. I knew one case of this nature which occurred in a young widow; the tumour was of an oval shape, nearly as large as a pigeon's egg, and occupied the anterior aspects of the thyroid and cricoid cartilages. The skin covering it was not discoloured, and that the swelling was not occasioned by the thyroid body was evidenced by grasping the tumour and making the patient swallow, when it did not follow the movements of the trachea in that act. When I first saw the case the patient was most unhappy about it, the tumour having resisted various remedies, both local and constitutional, which had been prescribed. In consultation with Sir Benjamin Brodie it was agreed to puncture the swelling, when the glairy fluid which was discharged proved its nature, and a perfect cure followed the operation.

CONTRIBUTIONS
TO THE
PATHOLOGY OF CHILDREN.

By P. Hennis Green, *M.B.*

ACUTE MENINGITIS.

Maria Vanvort, seven years of age, was admitted into Hospital of Sick Children on the 13th of May, 1834. Her complexion is fair; hair light; eyes blue; had the measles at the age of three, and the hooping-cough at the age of six years. She appeared to enjoy good health, when she was suddenly seized with vomiting of bilious matter on the 12th, which continued throughout the day, unaccompanied by any other symptom. On the night of the 12th, however, she complained of pain in the head, and ground her teeth; started in her sleep; there were, also, occasional movements of the lower jaw, with delirium; while being carried to hospital, on the morning of the 13th, the head was thrown backwards, and the body, several times, became stiff.

13. Complete loss of consciousness; somnolence alternating with agitation; constant motion of the lower jaw; pronounces a few words imperfectly and without connexity; deglutition abolished, as also the sight; pupils moveable, and but little dilated; respiration accompanied by sighs; no vomiting since last night.—Eight leeches behind the ears.

At three o'clock, P.M., a convulsive attack, resembling epilepsy, which lasted two or three minutes. Immediately afterwards the pulse was 130, small, but regular.

14. Coma; alterations of colour and paleness in the face; acute cries every now and then; grinding of the teeth; nostrils dry; conjunctivæ injected; pupils contractile, moderately dilated; tongue moist and pale; has vomited a little this morning; abdomen contracted and free from pain; bowels not moved since admission; no rigidity of limbs or convulsive movements; the sensibility of the skin unimpaired; deglutition still impeded; urine passed involuntarily; respiration unequal, 44; pulse small and regular, 172; no matity of chest, or râle.

Calomel, four grains;
Jalap, two grains. To be taken in three doses.

Warm bath at 27°, with cold affusion on the head, at 18°; sinapisms to the legs.

The child was much agitated in the bath, which was repeated in the evening, at 15°. After coming out she lay in a state of profound coma, with the head strongly thrown backwards; the sensibility of the skin was now diminished; and in this state she lay until seven o'clock, when she died, without any convulsive struggle.

Body examined thirty-nine hours after Death.

Nervous System.—Dura mater healthy; the superior longitudinal sinus contains a fibrinous clot; no fluid in the great cavity of the arachnoid, which is extremely dry; pia mater on surface of brain much injected, but without infiltration of serum, or pus, or granulations; the injection is more marked on the convex surface of the brain than at its base. The membranes are easily separated from the cerebral substance, to which they are not adherent at any point. The nervous matter is firm, with some injection of the medullary substance; no softening at any point. The lateral ventricles present a normal appearance, and contain merely a teaspoonful of clear serum.

Cerebellum and spinal marrow, carefully examined, are of a healthy appearance throughout.

Respiratory System.—The mucous membrane which lines the trachea and bronchi is of a light violet colour; both lungs congested posteriorly; a few crude tubercles at the summit of the right lung; no effusion into the cavity of the chest, or adhesion between the pleura.

Pericardium and heart normal.

Alimentary Canal.—Lining membrane of mouth and œsophagus healthy; mucous lining of stomach pretty firm, of a yellow-grey colour; lining of intestines pale throughout; the glands of Peyer are developed, but pale; no worms; other viscera healthy.

Eliza D'Hainot, eight years of age, admitted June 12, 1834. The child is of scrofulous constitution, and has been repeatedly ill during infancy; at the age of four years she had measles in a light degree. Since the last twelve months has been constantly ailing; cough; pains in the belly, and occasional vomiting; alternating diarrhœa with constipation; for the last two months irregular accesses of fever, loss of flesh, night sweats, &c.

13. The child's face is now pale and thin; the skin dry; the abdomen much developed. On pressing the fingers round the umbilicus an agglomerated tumour, as if produced by enlarged mesenteric glands, is perceived; tongue clean; thirst excessive; appetite almost completely lost; no vomiting; abdomen painful on pressure; five or six liquid stools in the day; the pulse is 92 in the morning, but much more accelerated at night; respiration natural; cough not frequent; percussion elicits a slightly dull sound on the right side of the chest; large mucous râle on both sides; no pain in head; no lesion of motility or sensibility. The child was placed on a milk diet, and some mild astringents were administered, so as to check the diarrhœa.

On the 30th of June she began to complain of some pain in the head; and on the 3rd of July received a fall, in which she wounded herself, though not severely, over the right eyebrow. For the next two days the child seemed to suffer nothing, and made no complaint, but on the night of the 5th of July she suddenly fell into a state of coma.

July 6. Profound coma; no answers to any question; limbs completely relaxed; right pupil enormously dilated and immoveable, the eyelid being paralysed; the left one is contractile, and moderately dilated; sensibility of skin obtuse, particularly on right side; when the skin on the left side is strongly pinched the child emits a feeble groan, and contracts the muscles on the left side of the face; no convulsive movements of limbs, but the head is drawn to the left side; the tongue is clean, and the power of swallowing conserved; abdomen is still painful on pressure, but the bowels have been constipated for the last two days; respiration slow and unequal; pulse 72; slight cough.—Four leeches behind each ear; purgative enema; sinapisms to legs; hydromel.

7. Lies in the same state of coma; pupils present the same appearance; the face is now much coloured, and the head is no longer drawn to the left side; no rigidity of the muscles of the neck; the limbs in a state of complete paralysis; and the sensibility is equally dull on both sides; respiration 36; pulse 80, intermittent. The purgative enema has not produced a stool.—Calomel, four grains, in two doses; enema, with two ounces of manna, and two drachms of senna.

8. Lies nearly in the same state; the paralysis of the right eyelid persists, and the pupil is so enormously distended that the iris can scarcely be seen; the left pupil and eyelid still contract; the patient emits, every now and then, a low moan; evacuations passed involuntarily.—Blisters to the legs.

9. Coma is still deeper; the pupils remain in the same state; respiration 28, with dilatation of the wings of the nostril; pulse 128. Death at four o'clock, P.M.

Body examined seventeen hours after Death.

External Appearances.—Body excessively thin; the long bones curved; spinal column curved to the left side; a large mass of scrofulous glands in the right axilla; the right iris is now of a normal size; the wound over the eyebrow had merely divided the integuments.

Nervous System.—The skull has not been injured by the fall; on dividing the dura mater about two ounces of clear serum escape; the sub-arachnoid cellular tissue is infiltrated with a quantity of the same fluid. On the convex surface of the brain, near the border of the great fissure, at its middle, the arachnoid presents an opaque appearance, but it separates easily from the surface of the brain; the cerebral substance is, generally speaking, soft, but not much injected; the lateral ventricles contain each two ounces of clear serous fluid; their surface seems to be in a normal state, but the fornix and the posterior inferior portion of the corpus callosum are completely softened and reduced to a whitish pulp; the optic thalami and origin of the fifth pair are healthy. In the occipital fossæ are two or three spoonfuls of clear serum; the membranes at the base of the brain are much injected, but not adherent at any point, and they are free from granulations. Cerebellum and pons varolii healthy.

Respiratory System.—Mucous lining of the larynx, trachea, and bronchi, perfectly healthy; the bronchial glands are converted into tubercular masses; ancient and extensive adhesions between the right lung and costal pleura; this lung contains miliary tubercles, which are more numerous at the

summit, than at the base; some passive congestion of the organ. In the left lung there is no adhesion of the serous envelope, although the costal pleura is studded with tubercles of various sizes, which also exist under the pleura pulmonalis.

Heart and *pericardium* normal.

Digestive Apparatus.—The centre of the cavity of the abdomen is occupied by two tubercular masses, formed by diseased mesenteric glands; the glands surrounding the liver, spleen, and pancreas, are also tubercular. The surface of the intestines is studded with a multitude of whitish granulations, but nowhere have they given rise to any inflammatory action. The mucous membrane of the great curvature of the stomach is softened, without injection, the remaining portion being healthy; in the small intestines there are a few tubercles disseminated in the submucous tissue; about two inches from the ileo-cœcal valve there is a large circular ulceration, nearly an inch broad, with ragged borders, and surrounded by debris of softened tubercular matter; the remainder of the intestinal canal is in a normal state. The convex surface of the liver is adherent to the diaphragm, and its surface is studded with grey miliary granulations, which also exist on the surface and in the substance of the spleen. Kidneys healthy.

(To be continued.)

MEDICAL JURISPRUDENCE.

POISONING WITH OPIUM.

CASES.

By J. JOHNSTON KELSO, *M.D., Lisburn.*

CASE 1.—March 18th, 1839. Mr. W. M., ætat 28, of Mulacarton, near Lisburn, medical student, having died rather suddenly on the morning of this day, I was requested by Mr. M'Donald, of this town, to accompany him to the late residence of the deceased, in order to ascertain the facts of the case, and whether they were, as had been reported to us, of a suspicious character. It is sufficient here to observe that the circumstances were of such a nature as to warrant a legal inquiry, at which the following facts, among others of less moment, were elicited:—It appeared that during the entire day preceding his death, Mr. W. M. was in the perfect enjoyment of his usual health, being engaged, during the greater part of it, in some manual occupation about his house and farm. After passing the evening with a brace of ladies, characters of light fame, with whom he had been drinking of ardent spirits pretty freely, he retired to bed, in his usual spirits, between ten and eleven o'clock. About one o'clock he awoke his mother, who slept in the same apartment (with whom he conversed collectedly on other topics), complaining of some difficulty of breathing, with a sense of constriction across the chest, and considerable thirst and dryness of the mouth. Having drank freely of cold water, he composed himself for some time longer, when he again awoke thirsty, and as though he were oppressed, some short period subsequently to which he lapsed into a state of insensibility, from which he never afterwards became aroused. On the following morning, about seven o'clock, he expired, without convulsion or other indication of physical suffering. It appeared that he had been living for some time previously on terms of disagreement with some of the members of his family; and it was stated by the women to whom I have above alluded, who were, however, not sworn, that they saw him add some drug, which he termed "lemonade" (and which resembled it in colour and appearance) to the last portion of the ardent spirits, of which they all partook indiscriminately, and which was rejected by one of the females some short time after its being swallowed.

Autopsy 30 hours after death.

External appearances.—Countenance placid; pupils rather dilated; and a serous fluid issues copiously from the mouth. The abdomen is enormously distended; and on the sides of the neck, under either ear, there exists some spots of ecchymosis.

Thorax.—The external configuration of chest normal. In the right cavity, in which exist several adhesions, some apparently of old standing, we discover about half a pint of a bloody serum. The inferior lobe of this lung is found to be in that state of inflammation termed *hepatisation*, firm pressure of it under the finger causing no crepitous feel, while the section of a portion of it exhibits various shades, curiously commingled, from that of a blood-red colour to a violet-grey. On scraping the incised surface with a scalpel, or pressing it between the fingers, there exudes a small quantity of a bloody serum. The middle lobe, as also the lower surface of the superior, is in a state of extreme engorgement; the rest of the upper lobe is quite healthy. On incising the obstructed or engorged portions, a sanguinolent fluid, in considerable quantity, oozes out, and, on instituting pressure, it issues forth copiously. In the left side the pleuræ are glued together by almost one continuous band of adhesion. The corresponding lung is considerably engorged, but crepitates normally under the finger. The bronchial membrane in the inflamed part is much injected, and in the other portions it is either slightly dyed, or natural in appearance.

Heart.—This organ, the cavities of which are nearly empty, presents no appreciable deviation from the natural state, excepting, perhaps, a slight hypertrophy, with some dilatation, of the left ventricle.

Abdomen.—The stomach and bowels are much inflated with gas. The cardiac and pyloric orifices of the stomach being ligatured *in situ*, as also some portions of the small intestines, which exhibited externally marks of inflammation, were removed, with their contents, from their connections, for more accurate examination. On slitting open the former organ, which contained a small quantity of a thick, pulpy substance, that smelled like cheese, a patch, lying between the great curvature and the pylorus, of the size of the palm of one's hand, is found to be denuded of its lining membrane. The subjacent tissue, forming the groundwork of this patch, appears to be slightly injected; the margin rather elevated, and terminating abruptly; and the mucous tunic, to some extent around, is of a pale-red colour, from the multiplicity of ramifying vessels charged with red blood. The intestines, which consist of portions of the jejunum and ileum, are occupied by a small quantity of a similar substance as that found in the stomach, and are much and generally injected. The liver, in which is discovered one tubercle, is normal; spleen slightly hypertrophied; bladder distended with healthy urine. No other change detected in this cavity.

Head.—The vessels ramifying on the surface and among the convolutions of the brain, are considerably distended with a dark, fluid blood, as are more especially the longitudinal and lateral sinuses. The plexus choroides of both lateral ventricles are minutely injected, but there exists no effusion of serum into these cavities. The substance of the brain is natural, but about half an ounce of serum bathes the base of the organ.

Chemical Analysis.—This gave the following results:—Tincture of litmus, hydrochloric acid, hydrosulphuret of ammonia, and protomuriate of tin, when added to separate portions of the contents of the stomach and upper bowels, previously well washed out with rain-water, and filtered, produced no effect whatever. The absence of any of the metallic salts in common use being thus proved, it only remained to test for the salts of opium, this being the most probable agent by which death was produced. Accordingly morphia, which was first sought for by the most approved method, was, after one or two failures, satisfactorily indicated by the appropriate reagents. Meconic acid was also unequivocally detected by Mr. Henry Richardson, who assisted us in the examination, on boiling the coats of the stomach in distilled water, filtering, and pursuing the usual course.

Remarks.—From the extent of the latent pneumonia in this case, complicated as it was by the gastro-enteric affection, it would have been impossible, without the aid of the analysis, to have arrived at a satisfactory conclusion as to the real cause of death. The analytic examination proved the absence of any of those metallic salts with some one of which, as is known, the ardent spirits commonly vended by the low publicans in Ireland, are not unfrequently adulterated, and to which it was, at first view, probable that the extreme irritation of the stomach and lesser intestines was properly referrible. But, besides this negative evidence of poisoning by any of the class of irritants most likely to have been used, positive information was obtained by it, that opium, or some of its preparations, was the true agent to which the fatal issue was attributable. The quantity, however, of the narcotic which was ingested could not have been large, otherwise its salts might have been more easily detected; and it is presumable that, owing to the amount of natural disease under which the individual, at the time of the accident, was labouring, a much smaller dose of the preparation employed induced the fatal narcotism than, under more favourable circumstances, might have been the case.

Case 2.—I myself was the subject of the other case, which is nearly as follows:—About three weeks previous to the circumstance which I am presently to describe, I was seized with a rather acute pain in the chest, accompanied with a slight cough, and expectoration of a muco-purulent sputa, which was occasionally slightly streaked with blood, failure of the appetite, considerable languor, and a general prostration of the vital and physical powers of the frame,—the result, perhaps, of too much mental exercise. There was no thirst, nor any sensible augmentation of heat of surface, which preserved its usual suppleness and moisture; and the cough and hæmoptysis persisted for only about ten or twelve days. Becoming, however, uneasy respecting the continuance of the pain, which now felt rather aggravated on taking in a full inspiration, I was induced, by the advice of some of my professional friends whom I had consulted, to have recourse at once to a blister, which was accordingly applied on the night of the 4th of July, 1839. On the following day there was present considerable febrile excitement, with intense headach, thirst, &c., to allay which, and to promote, if possible, some repose, to the invigorating influence of which I had been for some time previously an entire stranger, I determined on the trial of an anodyne at bedtime. I therefore swallowed, a few minutes before ten o'clock, between half a grain and five-eighths, the quantity which I usually prescribe at first, of the hydrochlorate of morphia, enveloped in a little chewed bread, shortly after which I retired to rest. At about twelve o'clock I awoke, after, I should think, an hour's rather sound repose, labouring under, instead of headach, which

had entirely vanished, a sense of giddiness, with some oppression at the precordia, slight sickness at stomach, and (the idea of which haunted me during the active effects of the poison, like a grim demon), a singular dread of impending annihilation. The state of the circulation, at this time, was not explored, but the sense of touch was perceived to be singularly modified, insomuch that I could not help believing but that I was reposing on a bed of velvet. Thus alarmed, and impelled, as it were, by an instinctive desire to obtain fresh air, I rose, but not without some difficulty, to throw up the windows of my apartment; for, on assuming the erect posture, a feeling of faintness supervened, accompanied by a general tremor, which threatened every moment to prostrate me to the floor. But the free ingress of air, on the elevation of one of the windows, revived me not a little, and I felt, for the moment, almost myself again. The pulse, at this time, ranged from between 115 to 120, being feeble and jerking; and a rather copious and general perspiration bedewed the surface of the body. I now bethought myself of the cause to which such a novel and peculiar train of phenomena were most probably referrible; and, in the anxious expectation that the worst was by, I laid myself down above the clothes, the surface being freely exposed to the nocturnal breeze, which now freely pervaded the room.

One o'clock. The striking of the church clock, though distant by upwards of three hundred yards from where I lay, produced the most disagreeable sensations, issuing in a general tremor, which lasted for some minutes. Indeed, I seemed to be peculiarly sensitive to the least sound or noise of any kind; and the pulse was 75, very feeble, and occasionally intermittent. The giddiness was extreme, but the precordial oppression had given way, and was replaced by a rather comfortable feeling of expansion in the chest, more favourable, as it seemed, to a freer and easier respiration. A highly agreeable tingling sensation pervaded the general surface, and there existed some thirst and dryness of the mouth. The spirits were much exhilarated, and altogether I felt not uncomfortable.

Two o'clock. There appeared to be an aggravation of all the phenomena. There existed the same disposition to faintness as experienced previously, when in the erect posture, which, however, in some degree subsided, on depressing the head to a level with the body, and the mind became the seat of an alternation of emotions, both of the most pleasing and depressing character. Sometimes, for instance, reason having fled her throne, I would be carried, as it were, on the golden wings of fancy, into regions of halcyon happiness and enjoyment,

"Sweet to the soul, and tasting strong of heaven;"

where the imagination, wandering uncontrolled, conjured up a thousand images and prospects, at once of the most pleasing and delightful kind. Animating reminiscences of youthful hopes and pleasures crowded thick upon me, in all their pristine vigour and loveliness, and I reviewed in secret raptures, and with great rapidity, and perhaps correctness, those subjects of study which had latterly more especially occupied my thoughts. A succession of verdant woods and the most picturesque landscapes rose up before me, and disappeared with the same celerity as the ever-shifting scenes in a pantomime; and "I breathed a purer ether in a sky which was a continued azure, gilded by a perpetual sunshine." At other times, again, a most painful and distressing train of sensations would ensue. United to the most fearful forebodings as to my case, were the melancholy reflections arising from the rapid retrospect of an ill-ordered life, and the distressing thoughts of changing scenes, and "going we know not where." Overpowered with feelings of this kind, I became violently agitated; the heart beat convulsively; and deep sighs, with a copious effusion of tears, put a period to the paroxysm.

An alternation of emotions such as these continued to recur in countless succession up to the period when all consciousness became extinct in the narcotism which followed. There was urgent thirst, which it was now impossible to gratify, on account of the almost complete deprivation of the power of voluntary motion. Simultaneous with the loss of voluntary motion, there occurred, also, a total obliteration of the sense of touch. The respiration, which, I think, was very slow, appeared to be unembarrassed; and, during each inspiration, I felt much refreshed, which, on this account, was prolonged, and drawn as full as possible.

Three o'clock. A sense of drowsiness was now experienced, which, notwithstanding all my resolution to the contrary, must soon have overcame me, as no other effects were noted till the noise of the clock striking six aroused me in a state of considerable excitement and alarm. Motion, as well as sensation, being now in great measure restored, and feeling pinched with cold, from the long exposure, I was gladly enabled to resume my proper position in the bed, the warmth of which soon a good deal revived me in most respects. The exhaustion, which was extreme, accompanied with slight giddiness on assuming the erect posture, intense headach, which had recurred, aversion to sounds or noise of any kind, and considerable listlessness, persisted during the most of the ensuing day, after the expiration of which I felt myself much as usual.

About five days subsequently to this occurrence, it may be mentioned as somewhat interesting, I was seized with an acute dy-

senteric affection, characterised by severe tormina and tenesmus, some meteorism, and pain on pressure of the abdomen, and offensive liquid motions, which were sometimes streaked with blood. With the other appriate means, large and repeated doses of laudanum (the particular preparation of opium now had recourse to) became indispensably requisite for the alleviation of some of the more teasing of these superadded sufferings. Thus, during a period of twenty-four hours, of which an accurate account is preserved, I swallowed of this preparation seven and a half drachms, which, being of the strength as ordered in the Dublin Pharmacopœia, contains, as is known, thirty-four grains of opium. But what were the effects? Why, with the exception of some considerable exhilaration, and subsequent depression of spirits, following on the ingestion of each successive dose, or nearly a fluid drachm, there was manifested no deleterious impression on the system whatever.

If, then, half a grain odd, of hydrochlorate of morphia was productive, in this instance, of such a formidable train of symptoms, whence the cause of the complete immunity to the system from nearly drachm doses of the tincture of opium, followed up to the inhibition of seven drachms and a half in a period of twenty-four hours?

Leaving the solution of this question to more experienced practitioners, it is, I find, observed by Dr. Christison, "that the same quantity of an alkaloid (that of opium, of course, included) is in no shape nearly so active as in its natural state of combination" —(On Poisons, p. 513),—a position which, as far at least as one example goes, does not appear to be in accordance with the fact. For, assuming with this authority, that each pound of opium yields six drachms of the alkaloid, the quantity of the former, in the form of tincture, consumed by me in the time above specified, contained three grains of the latter, thus giving a proportion of within a fraction of half a grain of the alkaloid "in its natural state of combination," for each dose. The effects, which have already been seen, were quite different from what, relying on Professor Christison's statement, might *à priori* have been expected.

I am not unaware of the modifying influence which pain almost always exerts on the action of narcotics; but any explanation founded on the difference of effect displayed by the particular preparations of the one employed in this instance, will not, I think, hold, inasmuch as I was the subject of a good deal of pain and irritation at both times.

Lisburn, Sept. 10, 1839.

ON

"ALKALINE INDIGESTION."

THE FLUID VOMITED IN PYROSIS.

Dr. Robert Dundas Thomson read a paper at the recent meeting of the British Association at Birmingham, of which the following is an analysis:—

The author stated that he discovered this form of dyspepsia in 1835, and had communicated the results of his observations to the Medical Section of the British Association at Bristol. Since that period he had continued his researches, and had confirmed the accuracy of his first results by the examination of a very large number of cases. It has been long known that in stomach complaints fluids are frequently ejected from that viscus into the mouth; and it has been by examining the chemical constitution of those fluids that the author has been enabled to simplify, in some considerable degree, one of the most disagreeable forms of dyspepsia. Dr. Thomson divides the fluids which he has detected in these complaints into *acid*, *alkaline*, and *neutral*.

1. The *acid* state is familiar to most persons. In the natural, there is no doubt that during a certain period of the process of digestion the contents of the stomach exhibit an acid reaction; that is to say, that litmus paper dipped in the fluid existing in the stomach becomes red; that the fluid tastes acid, and that when distilled over, a quantity of pure water having been previously added, the fluid which passes into the receiver exhibits a faint acid reaction. This does not occur, according to Schultz, however, during the first half hour or hour of the process of digestion. The acid would, therefore, appear to be generated by the process. The discussion with respect to the nature of the acid Dr. Thomson stated that he would reserve for the Chemical Section. When this natural acid, however, as it may be termed, accumulates to a certain extent, symptoms of disease exhibit themselves, in the form of a burning sensation at the pit of the stomach, with acid eructations, which do not, however, alleviate the pain. This is the characteristic symptom of *acid indigestion*.

2. The second form of indigestion, indicated by the fluid ejected from the stomach, Dr. Thomson terms *alkaline indigestion*. It is characterised by violent pain in the region of the stomach, accompanied, frequently, with headach and faintness, with a sensation of spasm or contraction in that viscus; the sensation goes on increasing till it frequently becomes intolerable, and, at last, when the agony is complete, the patient is suddenly roused by a determination to the mouth of a large quantity of fluid, which must be immediately evacuated to give place to a succession of similar occurrences; at last,

however, the flow of fluid becomes so abundant as to constitute an actual stream; it continues to flow for some time, but gradually diminishes in quantity, and at length ceases, and with it the pain in the stomach. The latter is the characterising symptom of *alkaline dyspepsia*, or *pyrosis*, as it has been frequently termed. But hitherto it has always been confounded with other forms of indigestion. Dr. Prout has published an account of his examination of the fluid of *pyrosis*, and has stated that it was acid; the fluid, however, was not procured by himself, but was sent him from one of the hospitals, where the mistake was very likely to occur. This form of indigestion occurs much more frequently than is generally imagined. Dr. Thomson stated that out of 40 or 50 patients daily seen at the Blenheim-street Dispensary, in London, he generally met with one or two affected with symptoms of this description. It frequently occurred in coincidence with affections of other organs—as of the uterus, liver, &c., and was often of such a pressing nature that it required more of the skill of the medical man than the original disease. Certain it was that it was absolutely necessary to treat it with as much care as the original complaint, and if the action had been allowed to go on for some time unchecked, the secondary affection became as firmly fixed as the original disease which had induced it; so that after the removal of the latter a second disease, as firmly rooted as the first, required to be taken under the physician's care; the treatment consisted of the administration of acids, tonics, and narcotics, which required to be prescribed with care, otherwise the *acid indigestion* was frequently induced, which was as difficult to eradicate as the alkaline form.

3. The last form of indigestion, as indicated by the fluid ejected by the mouth, which the author had met with, was a *neutral* state, which was of much rarer occurrence. Dr. Thomson had, however, met with several cases, and had succeeded in overcoming the disease by the use of tonics.

HILL COOLIES IN BRITISH GUIANA.

To the Editor of THE LANCET.

SIR:—Having been out of town for some time it was only yesterday that I had an opportunity of reading an article in THE LANCET of the 24th ultimo, on the subject of the Coolies lately imported into British Guiana.

I assure you, Sir, that no one can regret more sincerely than I do the dreadful sufferings to which some of these unfortunate people have been subjected; nor can I attempt to palliate the conduct which has too evidently been adopted towards them, on more than one of the estates on which they have been placed. Some of your observations, however, are so very incorrect, others so personal to myself, that I hope you will allow me to say a few words in reply.

After some preliminary remarks about slavery, &c., and the small scale of wages to be given, you go on to say:—"We follow the first cargo on board the *Whitby*, comprising 266 men, 8 women, and 11 children. The ship sailed from Calcutta Jan. 6, 1838, and arrived at Berbice the 6th of May; in the interval of four months fifteen men died." If you will take the trouble to read the printed returns to which you have alluded, you will find that *only* eight men died on the passage, one of whom (and the only good man we lost) died suddenly the day that we made Berbice. Your "probability that in the time not one would have died at home out of the number," is absurd; but if you will look at the *average* number of deaths in emigrant ships from this country to New South Wales and Australia, you will see that it is double what it was in the *Whitby*. You say that I do not satisfactorily account for the rapid spreading of disease at Dimond Harbour and Mud Point, at the same time you very kindly supply the deficiency with, "It can only be ascribed to the accumulation of 285 persons, besides the crew, between the decks of a small vessel." On most subjects I am inclined to place considerable weight on the *professional* opinion of the editor of THE LANCET, but on this point we differ most widely. The *Whitby* is about 500 tons burden (O.M.) has a clear "between decks" 86 feet in length, 29 feet beam, and six feet six inches in height; and with all due deference to your superior judgment is capable of taking, with the utmost safety, 300 persons, besides her crew, to any part of the world.

The censure cast on the highly respectable individuals who have introduced these people into British Guiana, is very unmerited. No persons could have been more anxious than Messrs. Colvile and Davidson that every kindness should be shown to them on their arrival. That their benevolent intentions have not been carried into effect is deeply to be lamented. My orders were, to spare no expense in procuring for them whatever I might consider necessary for their health, or that would add to their comfort on the passage. That I did so, I refer to Captain Swinton, than whom a more humane or more honourable man does not exist, and I can safely say that no persons could be more happy than during the five months they were under my charge.

The propriety of allowing the natives of India to emigrate is a question of the utmost importance. I should be glad if the anti-slavery gentlemen would for a short time lay aside their interested motives, and instead of denouncing punishment, here and

hereafter, on all who were concerned in this affair, consider that in the Presidency of Bengal alone there are hundreds of thousands of their fellow creatures, for eight months in the year, in a state of starvation. In some districts hundreds are carried off daily from famine and its consequences, while others, driven to despair, form themselves into marauding bands, committing the most horrible crimes, and carrying terror and dismay wherever they appear. Yet these people are most anxious to work when they can find employment, even for the most scanty pittance; there is also a general wish to emigrate, thousands coming annually to Calcutta alone, for that purpose. Why they should not be allowed to do so, where there is a certainty of bettering their condition, I am unable to divine. In British Guiana, one of the finest and most productive colonies belonging to this country, there is work for upwards of a hundred thousand additional labourers. The soil and climate are very similar to a great part of India. That the Indians will enjoy their health there when properly attended to, is proved by the state of the Coolies in Anna Regina, on the west coast of Demerara; and I am well convinced if emigration were allowed to this colony, under proper restrictions at Calcutta, and strict regulations for their treatment on their arrival, it would be of the utmost consequence to India, by providing for part of her superabundant population, while it would be of incalculable benefit both to this country and British Guiana.

With every apology for trespassing so long on your valuable time, I am, Sir, your obedient servant,

A. S. WISEMAN.

London, Sept. 11, 1839.

BITE OF A RATTLESNAKE.

To F. CORBYN, *Esq., Garrison Surgeon, Fort William, Calcutta, Editor of the "India Medical Journal."*

MY DEAR SIR:—I feel much pleasure in accepting the permission of the Editor to make this communication to you through the medium of THE LANCET. You may probably remember a case I transmitted to you for insertion in the "India Medical Journal" of December, 1837, describing the symptoms and result of a bite inflicted on an officer of H.M.B. *Algerine*, by a snake, the name, &c., of which we could not discover, although we passed a considerable time in the attempt. On my return to England in the following year, I accidentally, in a bookseller's shop, discovered a drawing and description of a snake so precisely similar to the one in question that I copied the description, intending, when an opportunity offered, to transmit it to you. I do not know whether the case was published in your periodical, and shall therefore copy it as it stands in my journal.

Madras, October 9th, 1837.—In consequence of a message from the commander of the *Algerine*, I went on board that brig, and found Mr. Hayman, one of the officers, in the following state:—Countenance extremely anxious, and covered with a cold and clammy perspiration; great difficulty of breathing; pulse weak and irregular; lips covered with saliva, and great horror exhibited on being presented with any liquid. On inquiry I found that about two hours previously he had been bitten by the reptile which the crew had taken from alongside the ship while washing decks. After receiving the injury he had gone below and taken a hearty breakfast, and while standing on deck, about an hour afterwards, he, to use the words of his brother officer, "squinted horribly, and fell down in a fit," when, their own surgeon being engaged on shore, they had sent to our ship. As the probable termination was so evident I expressed my wish to the commanding officer that a further opinion might be procured, and he dispatched a boat to the *Minerva* Indiaman, which shortly returned with Mr. Grant, surgeon to that ship. In the meanwhile I examined the wound, which was barely perceptible, and situated at the junction of the finger with the thumb of the right hand, and having first applied a ligature at the wrist, I endeavoured to induce him to swallow a draught (ammonia in brandy and water); but I found deglutition utterly impracticable.

On Mr. Grant's arrival these efforts were renewed, and mustard plasters were applied to his calves, but all exertions were fruitless: he gradually sank and expired, apparently without pain, about four hours after the receipt of the bite. I felt for a long time subsequently much anxiety as to the treatment which had been adopted, and was not a little relieved to find that the bite of this snake is by the natives considered "inevitably fatal."

"XIV.

"PSEUDOBOA FASCIATA.

"*Gen. Char.*—Plates on the belly and under the tail single; head short, covered with large plates; back carinated with a longitudinal row of larger scales. *Specific Character.*—Body subtriangular, yellowish, with numerous dusky-blue, transverse bands. Length six feet; called by the natives *bungarum pamah*. This species, which may be ranked among the most formidable of the poisonous serpents, inhabits India, and is said not to be uncommon in the country of Bengal. It is a large snake, measuring six or seven feet in length, the diameter in the thickest part being nearly five inches. It is of a yellowish colour, marked with numerous blue dusky, transverse bands, each band

completely surrounding the body of the animal, but somewhat paler underneath. The head is small, hardly broader than the neck, ovate, depressed, and covered in front with small suborbicular scales. The occiput and middle of the head, between the eyes, is covered with ten large plates, varying in size and figure. The rostrum is obtuse or subtruncate; the mouth of moderate size, and the jaws nearly equal; the teeth in the lower jaw are numerous, reflex, very short, and almost hid in the gum; in the upper jaw the teeth in the two palatal rows are also small. The fangs, in proportion to the size of the animal, are remarkably short. The body is of a triangular form, the sides sloping very considerably; along the ridge of the back runs a continued series of larger ciliated hexagonal scales; those on the rest of the body being ovate, smooth, closely imbricate, and very adherent. The abdominal scuta are very broad, and finely ciliated on their margins. The tail is thick, five inches only in length, and its termination rather obtuse. The bite of this reptile is regarded by the Indians as inevitably fatal. Dr. Russel, in his splendid work on Indian serpents, says, that a specimen of this species was brought to him in the month of November, 1788, in an apparently weak and languid state, having been bruised in taking. Being set at liberty in a room, it crept slowly towards an obscure corner, where a chicken being presented to him he took no notice, and even suffered it to stand on his back. As he showed no disposition to bite, his jaws were forcibly opened, and the thigh of the chicken being placed between them, the mouth was closed over it, so as to cause the fangs to act. The bird, when disengaged, showed immediate symptoms of poison, and, after several efforts to rise, rested with the beak on the ground, the head being seized with trembling. In the space of twenty minutes it lay down on one side, and convulsions soon supervening, it expired within twenty-six minutes from the bite. This was the only experiment made, the snake itself dying in the course of next day. No remedies which deserve notice against the bite of the pseudoboa are known to the natives; in the treatment of this and similar accidents, charms and superstitious applications are generally resorted to."—*From Dr. Stephenson's work on Medical Zoology and Mineralogy.*—P. 80.

The similarity in the two cases would plainly indicate their origin from the same source, and the identity was fully confirmed by the beautiful and faithful engraving which accompanied the above description.

I am, my dear Sir, very sincerely yours,

JOHN GEORGE BRIGHTON,
Surgeon.

Kinver, Staffordshire.

POISONING BY THE ESSENTIAL OIL OF BITTER ALMONDS.

To the Editor of THE LANCET.

SIR:—On looking over some old papers I find the following note of a case of poisoning by the essential oil of bitter almonds:—

The patient, Mr. ———, was a druggist, and had bought a bottle of the essence of the essential oil of bitter almonds (commonly called "almond flavour"), to sell to confectioners, to flavour their articles with. He placed the bottle, without a label, in his wardrobe, together with another bottle of sweet spirits of nitre. He had a violent pain in his back, which he thought arose from gravel; in every other respect he was in perfect health. While suffering severely from the pain he drank off, in a great hurry, what he considered to be half an ounce of sweet spirits of nitre; no sooner had he swallowed it than he ascertained that he had swallowed half an ounce of "almond flavour."*

He instantly sent for me, and within ten minutes of his swallowing it I was at his side. His symptoms were very peculiar. In less than half a minute after he had swallowed the poison he fell down in a state of syncope, his face being deadly pale, and his pulse (according to a bystander) quite imperceptible. After a few minutes he came to himself, and was then put to bed. The moment he recovered from the fainting he vomited some undigested food and bile, *strongly impregnated with the odour of prussic acid.* He then became delirious, muttering to himself, and speaking almost incoherently. In a very short time the delirium ceased; the whole frame then became slightly convulsed, especially the upper eyelids. The convulsions in a minute or two ceased, with the exception of the eyelids; these continued convulsed nearly the whole time I was with him. For a few minutes he was sensible, and spoke to me on the nature of his attack, but again gradually relapsed into a delirious state; his whole face was lit up with an expression of excessive joy; his eyes shone brilliantly; indeed, he exhibited the appearance of one who had been inhaling the laughing gas. These symptoms continued for a few minutes, and he again became sensible, and expressed himself as being much better. The pulse, which was before quick and intermittent, now became more slow and regular; the expression of the face assumed a more natural aspect, with the exception of the eyes, which throughout the attack continued extremely brilliant. While the attack lasted the respiration was excessively short, and when rational he was fearful every moment that he should be suf-

* Half an ounce would contain about half a drachm of the essential oil.

focated. The body during the whole time was cold.

Treatment.—As soon as I had ascertained the nature of the poison I gave him (the stomach-pump not being at hand), in repeated though rapid doses, about three drachms of sulphate of zinc, encouraging its operation by tickling the fauces, and by administering warm water. As soon as the emetic had operated I gave large doses of sal volatile in *strong* brandy and water. I applied hot bottles to the feet, additional blankets to the bed, and bags of hot salt to the stomach. Under the above treatment I had the satisfaction of seeing him recover; I then ordered the following mixture:—

Carbonate of ammonia, one drachm;
Compound tincture of cardamoms, one ounce;
Camphor mixture, seven ounces. Two tablespoonfuls every hour.

He gradually recovered from the effects of the poison. I am, Sir, your obedient servant,

PYE HENRY CHAVASSE.

12, Old-square, Birmingham,
Sept. 14, 1839.

THE LANCET.

London, Saturday, September, 21, 1839.

THE decision in the case of the *Apothecaries Company* v. *Greenough* has destroyed the last illusions which attached to the Act of 1815. Chemists, druggists, runaway apprentices, and swarms of quacks, are springing up, forsaking the counters, and invading the domain of private practice. The druggist and unqualified empiric meet the qualified practitioner at the corner of every street. But it had hitherto been imagined by many, that the druggist, ignorant of medical science, only practised it by tolerance; and that he had no legal right to tamper with the lives of the people. The Apothecaries Act was considered to be a *protection*; the dread of its penalties drove thousands of able men to submit to a degrading examination; to purchase a worthless license; to enrol their names under a list of drug-dealers; to become members in a Company in which they had not the slightest interest or influence. We proved, *thirteen years ago*, that the Act of 1815 was a legal nullity, that the Company had no legal right to interfere with the unlicensed druggist, and that it could not protect its licentiates or the public. The charge of Baron MAULE, and the verdict of the Lancaster Jury, have recognised this fact. Whatever the decision of the Court of Queen's Bench may be, the moral effect of the Apothecaries Act is annihilated.

What were the circumstances of GREENOUGH's case? GREENOUGH kept his sister's shop; over the door was "M. GREENOUGH, Chemist and Druggist." GERARD was taken ill; he had what the druggical luminary designated "a pleurisy fever." GREENOUGH attended the patient almost every day; sent him medicines from M. GREENOUGH's shop; charged for the medicines; and charged for the visits at the rate of 1*s.* 6*d.* a visit; and when the case had terminated in the natural way, under such hands, GREENOUGH—green enough in his therapeutics, but keen enough in his book-keeping—received the sum of 3*l.* 9*s.* 6*d.* (the full amount of his bill) from the hapless GERARD's father. Other cases were detailed; and it was stated in evidence by MARSH that the defendant had a great many patients, and that he had upwards of 300 bills to make out. The facts were flagrant; it was not pretended that the defendant, GREENOUGH, had the Apothecaries' license, that he had practised as a surgeon, or that he had not prescribed, dispensed, and charged for visits, precisely as a licensed general practitioner would have done in similar circumstances. The verdict was for the defendant. The Jury decided that the "chemist and druggist," notwithstanding the Act of 1815, was entitled to practise medicine.

The consequences of this decision, which is strictly legal, and in conformity with the law of 1815, will exercise considerable influence, and will bring the question of Medical Reform home to the breast of every practitioner in the kingdom. The chemists and druggists will prosecute the counter-practice with increased activity. "Advice gratis, and the medicines for nothing" will, perhaps, not be inscribed over the doors—

your prescribing druggist is not *green enough* for that—but every opportunity will be taken of puffing himself into notoriety, and of seducing patients from the care of the qualified practitioner. The chemist and druggist will visit his patients, and the general practitioner, in cities, will encounter him in his daily rounds; the country towns and villages, which have hitherto remained uninfested, will be overrun by adventurous druggists, dispensing, prescribing, and practising physic, with undisguised effrontery. The rate of medical remuneration will be greatly reduced; for any one may style himself "druggist," and as the education will cost nothing, salts will fall to a farthing an ounce, mixtures to a fourpenny-piece, visits to *eightpence*—or say to *eightcenpence*, the GREEN-ENOUGH rate. The physician, the surgeon, the general practitioner, lost in the rabble, will lose half their patients, and receive a fourth of their present fees; their day-books and ledgers will dwindle, visibly, year by year; their horses may, indeed, grow fat, and be turned to grass, but they must be sent to Smithfield, and sold as the *steam-physic* advances; the profession will be swamped, and degraded by the acts of ignorant pretenders; the public, misled and confounded, will throw themselves into the arms of the men who have the brightest lights, the largest glass globes, the most speciousness, the least modesty, and the slightest merit. The druggists, who, like the Salopian ONYONS, fancied themselves compelled to study, as well as practise, physic, will abandon the attempt as a work of supererogation, as an unnecessary expenditure of capital, an insulting demand upon their addled intellects.

This is the precious fruit of the Apothecaries Act of 1815, for which we have been called upon to sing pœans, and to thank knavery so often; this is the position of licensed practitioners all over the kingdom in 1839. The question, now, is, will English practitioners submit to this state of things? That vast numbers will not, we know, without a struggle to wrest an efficient measure of reform from the Legislature. But there are others who have never stirred in the cause of Medical Reform. They are fond of peace. They respect their *superiors*. They *look up* to them. They are meek. They are poor in spirit. They are content to surrender their natural rights. They submit patiently to the despotic decrees of usurping corporators. They are no agitators—not they—while they can jog along green lanes, gild their pills, send out their draughts, and empty their ungraduated glasses *in safety*. Why should they trouble their heads about the progress of medical science, the abuses of medical institutions, the conduct of the great men immortalised in the handwriting upon their walls? The self-elective, selfish, profligate corporations have counted upon the *vis inertiæ* of this class of practitioners. They have treated them with neglect, and contempt, and indignity; they have usurped their rights, squandered their money, and neglected their interests; but the crisis is now come, and we shall be much deceived if the easy-minded individuals in question, who were partially disturbed by the Poor-Law Commissioners, are not found wide awake, when they see the chemists and druggists sallying from the towns, invading their practice in every quarter, carrying off their patients, and threatening their families with ruin.

The public will be the greatest sufferers by the anarchy of the medical profession. The lives lost by murder, manslaughter, lightning, precipitation from monumental columns, hydrophobia, explosions in mines, shipwreck, and accidents of every kind, will be inconsiderable when compared with the numbers that must perish legally, on one hand, by the injudicious administration of poisonous drugs; and, on the other, by the absence of the skilful, well-directed, energetic treatment of the scientific practitioner.

To avert these deplorable results Medical Associations should be immediately formed in every county; petitions should be prepared, ready to be presented to Parliament early in the next session, praying for an efficient measure of medical reform, which

would suppress unqualified, unlicensed practitioners, unite the members of the profession in one body, under a responsible elective Senate, promote the public health, and be the means of saving thousands of the QUEEN'S subjects from untimely graves. The provincial Branch Associations, to ensure vigour and unity of action, should place themselves in communication with the *British Medical Association*, which is, we perceive, shortly to hold its anniversary meeting at the Freemasons' Tavern. He who abandons the cause of his profession, and remains passive now, must have an empty head or a recreant heart.

WE subjoin an authentic account of one of those swindling transactions which are usually designated "elections of medical officers to metropolitan dispensaries." The Aldersgate Dispensary (the dispensary in question), and the actors in this disgraceful scene, are not unknown to fame; they may be found embalmed in a former volume of THE LANCET. We shall, probably, refer to this election at greater length next week; at present it will be sufficient to notice one fact. Candidates are invited to offer themselves for the office; at first, under the colour that the person who is best qualified will be elected. After his testimonials are printed, and the independant electors are canvassed, it is intimated to him, by some of the hangers-on, that to secure his election he must make a given number of votes. Each candidate is told this. Up to the latest hour—seven days before the election takes place—several receiving houses, where votes may be made, are kept open, and, by a refinement upon the artifices of the swindling auctioneers who infest the metropolis, *each candidate* is cajoled and robbed of as much money as can be extracted from him; the favourite candidate of Mr. HERRING, the druggist, always having it in his power to make a greater number than his competitors.

This enables the worst candidate to purchase the office, and places the poor at the mercy of the man who is least scrupulous, and qualified to carry the charitable intentions of the *bona-fide* subscribers into effect. This is said to promote the interests, by increasing the funds, of the charity. Upon such ground the candidates are swindled, and the practice is defended. But it may be worth while inquiring, whether some of the parties who are so active in picking the pockets of youthful candidates, in the name of the charity, may not have a direct interest in seeing the revenue of the dispensaries augmented. We may undertake this inquiry at a future time.

Mr. HERRING, of the firm of HERRING, Brothers, druggists, in Aldersgate-street, is the *Treasurer* of the Aldersgate Dispensary. The receipts in the year ending April, 1838, amounted to 812*l.*; namely, 413*l.* 14*s.* from annual subscribers, 4*l.* from donations, 31*l.* 10*s.* from three life subscribers, and 362*l.* 16*s.* 10*d.* dividends on stock, &c. Mr. HERRING, the *Treasurer*, has the interests of the institution very much "at heart," and entertains very just notions as to the importance of supplying the Dispensary with genuine, unadulterated drugs. Its success, he affirms, "very much depends upon that:" so he supplies the Dispensary with excellent drugs from the firm of HERRING and Brothers. The drug bill for the year 1837-8, amounted to the sum of 442*l.* 0*s.* 8*d.* Mr. HERRING is a very accommodating Treasurer. The expenditure for the year exceeded the receipts by 115*l.* 1*s.* 8*d.*: the balance remains due to Mr. HERRING. But his drug bill, as we have stated, was 442*l.* The institution derives great advantages from these arrangements; the Treasurer is exceedingly zealous in obtaining subscriptions; he never tires in the blessed cause; he has the merit of suggesting the present system of electing medical officers; in his dealings with young, inexperienced, medical candidates, he has always been remarkably successful. No one would ever suspect such a Treasurer of *adulterating his drugs*. We recommend the house to Union surgeons, if they would

escape animadversion in future. The proceedings which are detailed below would, probably, fall under some clause of the Metropolitan Police Act.

ELECTION OF APOTHECARY TO THE GENERAL DISPENSARY, ALDERSGATE-STREET.

(*From a Correspondent.*)

THE vacancy for the situation of apothecary to the above institution was declared by public advertisement, on Monday, August 4th, owing to the resignation of Mr. Gurney Turner. The election by ballot took place Wednesday, Sept. 4th. Mr. T. B. Stott was then elected. The first week after the vacancy was declared no less than seven gentlemen came forward as candidates,—Mr. Stott, a practitioner, who lived in the neighbourhood of the Dispensary, a friend of the late apothecary; Mr. Hardwicke and Mr. Curtis, of University College; Mr. Donald, Mr. Harston, and Mr. Houghton, of Bartholomew's Hospital; and two others. If we judge from the printed testimonials of these gentlemen, they are all highly qualified for the office, but some more deserving than others; some were not members of the College of Surgeons; and as the apothecary at a dispensary has to perform both medical and surgical duties, he ought to be a member of the College; however, the laws of the institution do not make that a necessary qualification. Each candidate sent round to the Governors his testimonials, and was very active in canvassing the Governors. Everything appeared to go on fairly up to the last week, each candidate trusting to his merit, or to the local interest which he could bring into operation.

The General Committee met to examine the testimonials and qualifications of each candidate. The medical officers met previously to the General Committee, for the purpose of making a report respecting the qualification, &c. of each candidate. Instead of making particular mention officially of that one who was the best qualified for the office, as it was intended, to the General Committee, they stated that they had examined the qualifications, &c. and found the candidates eligible to the office. The General Committee met, and discussed various other matters, viz.:—1. A report which had been spread that Mr. Stott was not eligible, because he had broken a rule of the institution by canvassing before the vacancy was declared; this was not proved, and there the matter rested. 2. The propriety and impropriety of allowing special votes to be made by the candidates for the purpose of carrying the election was also discussed. There are divers opinions among the members of the Committee on this subject; the majority are against the practice. It was on this subject that Drs. Clutterbuck and Birkbeck resigned. The time came for making votes, seven days before the day of election; and the collector sent notice to each candidate, on the afternoon of the same day, when votes were made, that he should remain at home until nine o'clock, to receive subscriptions. It was this circumstance which gave rise to Mr. Houghton's resignation, because he could not conscientiously comply with the terms alluded to in the letter; he, therefore, gave notice to the Governors by advertisement in the "Times" and "Chronicle" of the following morning, that he had resigned.

Two of the candidates were not, however, so scrupulous about the matter; one (Mr. Stott) went before nine o'clock to the collector, entered twenty new votes (new subscribers, *pro tempore*), and another candidate, it was reported, offered 140*l.*

We doubt very much if they would have refused the 140*l.* had it been offered to them. We have been told that this evening twenty votes were made at the house of the collector before nine o'clock; and that during the same evening new votes could also be made at the house of the Secretary, Mr. Wood, whose office was open (undoubtedly for that purpose) late, and where the same candidate who had made twenty votes at the collector's, made twenty-two more votes; and another candidate made thirty without having been told that forty-two had been made by his competitor. The circumstance of two receiving-shops being open, shows that there was a disposition to trickery; for, while one candidate could make one hundred at one place, his competitor could make the same, or a few more, at another. Each guinea subscription made a vote. Of course, the two who had made one hundred or one hundred and five votes would be cheated; such is the practice which is sanctioned by some of the leading men who belong to the General Dispensary. Although at the present election the practice of vote-making has not been carried to the same extent as on former occasions, the election of surgeon has cost considerably more (1000*l.* it is said), than when the iniquitous practice of vote-making was more openly patronised than at present. It was then allowed to the candidates to place 10*l.* down upon the table, up to the last minute of the election. That has been done to the amount of 800*l.* by Mr. Salmon, when he lost the election of surgeon. It appears that at the present election they have only augmented the funds to a trifling extent compared with former occasions (72*l.*).

Is it the hope of augmenting the funds at each election which tempts the Committee to keep in operation such iniquitous practices? If it had been generally known to

the candidates, when they first offered themselves, that the election depended upon such trickery, that personal merit was of no value in these cases, some would not have lost their time and money about such a dirty concern.

UNIVERSITY COLLEGE HOSPITAL.

RUPTURE OF THE RIGHT KIDNEY WITH GREAT EXTRAVASATION OF BLOOD.

J. H., aged 22, a navigator, was, at 10, P.M., of the 28th of August, admitted under the care of Mr. Cooper. It was stated that he had received a severe injury of the abdomen, about two hours previously, on the Grand Junction Railway line, by being jammed between the wheel and body of a loaded waggon, and a large quantity of earth falling upon him. He was insensible for a short time after the accident. On his admission he complained much of his left side; on examination, three of the false ribs were found fractured near their angles. He complained also of his abdomen, the pain in which was much increased on pressure, particularly at the epigastric region. There was no external swelling or ecchymosis visible. His pulse was rapid and very weak; the surface of his body was quite cold. He was immediately placed in bed and well covered with warm blankets; bottles of hot water were placed to his chest and feet, and warm drinks administered to him. Half a drachm of aromatic spirits of ammonia, in an ounce of water, was given every hour.

12, P.M. Lips exsanguineous; pulse fluttering; no heat of the surface, except in the parts in contact with the bottles of hot water. Is scarcely sensible to pain, and does not answer questions.

29, 5, A.M. The bowels have been moved twice since his admission; nothing but fæces in his motions. He has not vomited. Died without any change for the better having taken place.

After-death Appearances.

30. Eleven, A.M.—External appearance of the body that of a finely-proportioned and exceedingly muscular man. A small ecchymosis over the fractured ribs.

Head.—No injury either to the cranium or brain; the latter was paler than natural.

Chest.—On opening the chest about three pints of bloody fluid escaped. The lungs were rather collapsed, but healthy in their structure; old adhesions of the pleuræ.

Heart.—The left ventricle and the auricles were empty; a small quantity of partly coagulated blood in the right ventricle. The ribs broken were the ninth, tenth, and eleventh, of the left side; the pleura covering the fractured parts was not torn; blood was effused under it.

Abdomen.—Some fluid blood in its cavity.

Stomach healthy and uninjured, containing a meal of bread and cheese.

Intestinal Canal sound.

Liver healthy; spleen sound.

Right Kidney enveloped in a large clot of blood, and when examined was found to be broken across its centre, just at the part where the emulgent artery enters and the vein leaves it; the substance of the kidney was a good deal broken up by blood being effused into it: the blood poured out from the injury to the kidney extended under the liver, on the surface of the œsophagus into the posterior mediastinum, in the cellular tissue of the loins, down to the pubis, under the peritoneum covering the ascending portion of the colon, and into the mesentery.

Left Kidney sound. The bladder contained some blood; it was otherwise healthy.

DEEPLY SEATED ABSCESS IN THE GLUTEAL REGION.

P. S.* was readmitted on the 5th of August, under the care of Mr. Liston, Since he was dismissed at the end of May, he has followed his occupation, and has felt but little pain, except occasionally, until about a month ago, since which time he has had a constant pain in the thigh, extending down to the foot. This pain was considered to be rheumatic, and treated accordingly.

When admitted he complained of a pungent, shooting pain, in the left gluteal region, following the course of the sciatic nerve. He describes the pain as deep-seated and very much increased upon pressure, when fluctuation is very evident. There is no visible alteration in the thigh, nor is there any diminution of temperature or sensibility. For the last four evenings he has had rigors. His general health appears good. Warm applications were ordered to be constantly applied.—House medicine.

Aug. 7. Mr. Liston to-day evacuated the matter by making an opening with the caustic potash. The matter lay nearly two inches from the surface, and twenty ounces escaped without any pressure being made.—To have full diet, and one pint of porter daily.

9. Much the same; discharge continues very profuse.

31. Up to to-day the discharge has continued in abundance; it is now diminished in quantity, and he is doing well. He is taking tonics.

* See p. 137, present volume of LANCET.

CHARING-CROSS HOSPITAL.

REMARKABLE STATE OF THE BLOOD IN A HYSTERICAL GIRL.

ELIZ. S., aged 18, light hair and fair complexion, and unmarried, was admitted August 14, under the care of Dr. Chowne. She had the catamenia first, when she was sixteen years of age, and has had returns during the last six months, at intervals of a fortnight, in all respects as if they had been at the usual period.

On her admission she stated, that she had been affected with pain in the forehead and the left hypochondrium for three months; the latter pain she had, however, been subject to for two years. It was stated that, during the week prior to her admission, she had been almost constantly in fits, both during the day and the night. She had a similar fit soon after her admission, the general character of which was hysterical.

She had a full habit of body; countenance pale; lips red; she complained still of severe pain in the forehead, and considerable pain and tenderness, on pressure, under the false ribs of the left side; pulse full and frequent; impulse of the heart great, the first sound loudest; tongue rather white; bowels generally costive. After she came into the hospital she had two or three fits every day for some days; during these fits the inspirations were long and difficult, and made with a loud sobbing noise; the expirations were natural, and the action of the heart continued as usual; she closed her eyelids; appeared insensible to what was passing around; and could not be roused by speaking to her even in a loud voice. The fits came on suddenly; if she were sitting when they attacked her, she remained in the same posture, unless laid down by one of the nurses. There were no spasmodic or other movements, except the affection of respiration. The fit generally lasted about half an hour; when it was over she remembered nothing of what had passed. She had aperient medicine for a few days after her admission.

On the 20th, as there was no alteration in her health, she was cupped between the shoulders, to about ten ounces. The blood was set aside, and on the 23rd, three days after it was taken, presented a very peculiar appearance, which, however, it had gradually assumed. The serum was scanty and reddish, and the whole clot presented a greyish-white colour; upon examination this was found on the upper side, about a quarter of an inch thick, at the sides and below somewhat thinner. In appearance and consistence it was very similar to congealed oil, or fat, containing a little water, and resembling the coagulated fat of gravy; it also felt greasy between the fingers. The interior of the clot was crassamentum, of the usual consistence and colour, but on being broken up particles of white matter were found in the substance of it similar to that which surrounded it.

Dr. Chowne observed, that according to an analysis of this incrustation made by Mr. John Snow, to whom he had given it for that purpose, the fatty looking substance resembled fibrin in its chemical properties. On exposure to a moderately elevated temperature it became dried to a substance resembling horn. It was not soluble in alcohol, either cold or boiling. It was completely soluble in acetic acid, but only partially so in nitric acid on boiling. It was completely soluble in cold liquor ammoniæ, and in boiling liquor potassæ, and on the addition of an acid to these solutions, it was precipitated in the form of a soapy-looking matter. The serum of this blood, instead of being alkaline, showed an acid reaction on litmus. On being heated it formed only a very loose and curdy coagulum, and on being evaporated to dryness was found to contain eight per cent. of dry albumen and salts, which is somewhat less than the natural proportion.

The blood was richer than natural in colouring matter and fibrine, but as it had been exposed during a few days to the evaporation of a part of its water, the exact proportion could not be stated.

23. The fits not so frequent, but the patient still complains of pain in the head and left side. To be cupped behind the neck to four ounces. The serum of this blood presented a milky appearance; it was alkaline, and in other respects appeared natural, and on being kept a few days underwent only the usual changes.

26. Remains much in the same state; pulse full, 90. Was bled from the arm to four ounces.

31. The blood taken on the 26th, and today, perfectly natural.

This appeared to be one of those examples, said Dr. Chowne, in which temporary peculiarities were found in the qualities of the circulating fluid, not attributable to any particular cause that admitted of being recognised nor associated with any particular set of appearances. There were abundant instances of the ordinary products of disease being found in the blood, under such circumstances as to leave no doubt of their having been formed there during its circulation; sometimes, instead of blood, a curdy friable matter, of a dirty grey colour, more or less firm, and resembling the semi-concrete pus of certain chronic abscesses. There was an extraordinary degree of apparent capriciousness about the existence of such unusual conditions of the blood. It was not always general, and there was great want of uniformity in the quality of the blood in different parts; similar peculiari-

ties had been found in some vessels, while they had not existed in others. In the present case there appeared to be a disposition in the blood of the second bleeding to undergo the same change, but in that of the third and fourth all tendency to it appeared to be lost.

WESTMINSTER HOSPITAL.

TUMOUR OF THE SCROTUM.

W. P-, by trade a chimney-sweeper, aged 29, was admitted into the above hospital on the 27th August last, under the care of Mr. White, with a warty, malignant-like growth, involving the whole of the scrotum, about the size of a man's fist.

The man says that about five years ago he observed about the centre of the scrotum a bony projection, like a ram's horn (his own words) which, as it grew, he cut off with a knife, without experiencing any pain or bleeding. For near four years he from time to time removed this, until, about last November, a sudden alteration took place in its structure; it became soft and vascular, spread rapidly and considerably, discharging a thin, purulo-fœtid secretion, but free from any great degree of pain; it continued to increase in size up to the time he entered the hospital.

On examination, from its situation and appearance, and the circumstance of the man being a sweep, it was by some considered to be cancer, deriving its prenomen from that class of individuals. A few topical applications were had recourse to without any idea of doing good, but merely until a consultation, *pro formâ*, should take place, at which it was thought proper to extirpate the disease by an operation.

Some doubt existing as to whether the left testicle, at least, was not implicated in the disease, the operator (Mr. White) very judiciously observed he should give the man the benefit of the doubt, and merely remove the diseased integument, and if, then, either testicle, or both, was affected, it would be time enough to excise them.

The operation was performed by making a perpendicular incision through the centre of the tumour, through the whole of the diseased integuments, and a semicircular one on either side, extending from the commencement of the longitudinal, at the base of the penis, to the end towards the perineum, when, by carefully dissecting away the integuments, the testicles were found perfectly free from the disease, but diminished in size. No great hæmorrhage took place, and after cleansing the wound the edges were approximated by means of slip-knot suture, as, on account of the loss of the whole of the scrotum, the edges required to be drawn together gradually.

The man has had no untoward symptom, and is now doing well; by the caution used by the operator, the man's virility is preserved. The utility of giving a sufferer the benefit of any doubt that may exist, by which not only a severer operation was avoided, but an unnecessary step prevented, is apparent.

ON PUS IN THE BLOOD,*

IN DISEASES ATTENDED BY INFLAMMATION AND SUPPURATION.

By GEORGE GULLIVER, *Esq.*, *Assistant Surgeon to the Horse Guards.*

In the prosecuting an inquiry in which I have been long engaged concerning inflammation and suppuration, I soon perceived the necessity of carefully examining the blood in these affections, and particularly in inflammatory fevers and hectic.

The result has been the detection of pus in the blood in almost every instance in which there was either extensive suppuration, or great inflammatory swelling, without a visible deposition of pus in any of the textures of the body; and the contamination of the blood by pus appears to me to be the proximate cause of the sympathetic inflammatory, sympathetic typhoid, and hectic fevers. The profession is now familiar with cases in which pus has been found in the veins, particularly after surgical operations, and in uterine phlebitis; but although the humoral pathology has of late years begun to assume some of its ancient importance, I am not aware that any writer has attempted to demonstrate the dependence of the fevers under consideration on the presence of pus in the blood.

I have detected pus in the blood, by examinations, very simple; partly chemical, partly by the microscope. Water has a rapid and energetic action on the blood-corpuscles: now, the globules of pus undergo no change after being long kept in water; accordingly, if the suspected blood be mixed with water, the blood-corpuscles will soon become invisible, and any globules of pus that may be present, will subside to the bottom of the vessel, and may be easily seen, and have their characters determined, with a good microscope. Ammonia instantly renders the blood-corpuscle invisible, while that of pus is acted on but slowly by the alkali; and the different action of acetic acid on pus and blood is equally remarkable. Hence, I have employed these agents advantageously in conjunction with the other means; and I have also seen pus-globules

* Read before the Royal Society, June 14, 1838; and now condensed from the "Phil. Mag." Sep., 1838.

in the blood, though rarely, without any preparation. With water, however, the examination is most easy, if the observer be thoroughly familiar with the microscopic characters of the fluids under examination. A good instrument, nevertheless, is necessary; and the admirable deep object-glass of Mr. Ross is the one I have principally employed. It is hardly necessary to add, that chyle-globules are not likely to be mistaken for those of pus, since, independently of other distinctions, the medium diameter of the latter is at least 1-2666ths of an inch, which is above twice that of the former.

Exp. 1. A weak solution of corrosive sublimate is injected into the subcutaneous cellular tissue of a dog's thigh. Great swelling of the limb. Death in 24 hours.—In the cellular tissue of the thigh, no purulent deposit.—Several pus-globules detected in blood obtained from the heart.

Exp. 2. A dog. Both tibiæ injured by operations; great swelling of the limbs; violent fever; death after 43 hours.—Fibrine found effused into the cellular tissue of the extremities, mixed, in one, with a very little purulent matter.—Blood from the vena cava contained numerous globules of pus.

Exp. 3. An irritating fluid.—Injected into the peritoneum of a dog.—Great thirst; refused food; died in 3 days.—A large quantity of coagulated lymph and sanguinolent serum, with some pus, found in the belly.—In blood from the inferior cava vein many globules of pus were seen.

Exp. 4. Two ounces of pus injected into the left pleura of a dog; carefully confined there; thirsty and feverish for 55 hours. Then killed, 1 ounce of fluid, almost entirely serum, found in the pleura, and some fibrinous exudation on the membrane. Blood from the heart and vena cava, found to contain several pus-globules.

Exp. 5. A dog, 4½ oz. of pus injected into the peritoneum; wound carefully closed; death in 37 hours. Only 9 drachms of a sero-sanguinolent fluid found in the peritoneum, and much coagulated lymph on the membrane. Pus detected in the blood.

Exp. 6. A dog, ½ a drachm of pus, mixed with water, ½ oz. gradually injected into the crural vein. Some fever followed; refused solid food for two days; recovered at the end of a week. A similar experiment with pus on the other crural vein; similar symptoms, and perfect recovery.

Exp. 7. A dog, 6 drachms of pus injected into the crural vein. In a few hours, very weak, stupid, thirsty, and refused food. In 30 hours almost insensible; respiration was hurried. Death in 36 hours.—In the blood of the inferior cava some pus-globules were readily detected.

Case 1. A girl died of confluent small-pox on the ninth day of the disease. Great swelling of the integuments. In the blood of the right ventricle, numerous pus-globules.

Case 2. A woman had confluent small-pox, uncomplicated with erysipelas or inflammation of the viscera. On the eighth day, in some blood drawn from the arm, several pus-globules were found.

Case 3. A male child, æt. 15 months, died on the ninth day of small-pox. Only a few imperfectly developed pustules appeared. There was considerable swelling in the face, slighter in other parts. *Post-mortem:* a small quantity of a white opaque fluid might be squeezed from the cut surfaces of the lymphatic glands of the neck and groin, having the characters of pus. In some blood from the right ventricle and inferior cava vein, pus was detected.

Case 4. A woman died of puerperal peritonitis. The peritoneum contained a large quantity of coagulated lymph, serum, and purulent matter. Pus in blood from the right ventricle of the heart.

Case 5. J. Green, æt. 27, admitted into hospital with an ulcer of the leg. In seven days the limb began to swell; hardness in the femoral vein; some redness in the absorbents on the inner side of the thigh. The swelling increased gradually; he had, first, pain in the head, thirst, and quick pulse; then purging, pain in one wrist, with restlessness, incoherency of speech, and offensive breath. Low muttering delirium, accelerated respiration, and coma, preceded his death on the twelfth day after admission. *Post-mortem:* the large veins of the limb were occluded throughout by firm clots of blood, mixed with pus and coagulated lymph, and the lining membrane of the femoral vein was in many places red and coated with fibrine. Several purulent deposits presented in the sheath of the femoral vessels, and in the intermuscular cellular substance. In blood from the right ventricle and vena cava, globules of pus were found.

Case 6. James Hawke, æt. 22, superficial wound of the tibia; pain and swelling. Pus in the subcutaneous cellular tissue. The case terminated fatally. Dissolution was preceded by subsultus, collapsed face, accelerated breathing, hiccough, and coma. The swelling was found to be produced by effusion of fibrine and sanguinolent serum. Pus-globules in blood from vena cava.

Case 7. M. Jackson, æt. 42. Erysipelas of the face, succeeded by jaundice and effusion into the pleura. Listless and low, with accelerated respiration. Death in six days. An ounce of turbid serum, with a little purulent matter in the right pleura; eight ounces of sanguinolent serum in the left. Blood from the larger veins greatly contaminated with pus.

(Notes of four other cases are recorded.)

The preceding instances by no means comprehend the whole number in which I have found pus in the blood. The observations of Dr. Davy tend to confirm their accuracy.

He detected pus in the blood of consumptive patients, after my general results had been submitted to him, but before I had turned my attention to the state of the blood in phthisis. He has lately informed me that he has found pus in the blood in seventeen instances after death, in sixteen of which there was declared suppuration, and in one none could be detected: in the latter, the patient died of acute inflammatory disease. The opinion has often been expressed in this country, that the globules of pus are nothing but those of blood, modified by the inflammatory process. On the continent, M. Gendrin adopts the same theory, supported by very ingenious experiments, which have been generally considered conclusive on this subject.

I have repeated the experiments of M. Gendrin with great care, and although I see no reason to dissent from the above conclusion, I have not observed the phenomena related in his work. By cauterising the web of a frog's foot under the microscope, or by elevating on a lancet the edge of a wound in the part, he assures us it is easy to see the blood-particles gradually transformed into those of pus. I have not succeeded in this observation. After repeated trials I could not induce suppuration in batrachian reptiles.

With regard to the conversion of clots of fibrine into pus (according to M. Edwards), some experiments render it extremely probable that the matter often found in the centre of such clots, in the heart and great vessels, is nothing more than softened fibrine, which presents neither the chemical nor the microscopical character of pus.

In idiopathic or traumatic phlebitis, the manner in which pus may become mixed with the blood is obvious enough. There are cases to which the term phlebitis is commonly applied, which are probably not examples of inflamed veins. The total failure of inflammation in them would seem to have left open their wounds, so as to favour the entrance of pus into them from the neighbouring parts.

I think my experiments will render it probable that suppuration is a sort of proximate analysis of the blood. Suppuration would appear to be a physiological rather than a pathological phenomenon—pus being an excrementitious discharge—a part of the blood which has become effete and noxious during the reparative process.

With regard to the correct observation of Müller, that the smaller capillaries have only the diameter of a blood-corpuscle, I shall show that these vessels become sufficiently enlarged during inflammation to contain a row of pus-globules.

If it should be remarked that pus is often formed without any obvious addition of fibrine to the neighbouring parts, it should be recollected that this is not a healthy, but a diseased form of suppuration; and the distinction and explanation are not difficult.

It remains to deduce the conclusions from the experiments and observations related in this paper.

The term *Suppurative Fever* is not new, and its signification is probably now extended; for it seems to be an appropriate one for the different forms of constitutional disturbance under consideration. If the presence of pus in the blood, and the fever in these cases, be not related as cause and effect, the coincidence would appear to be no less interesting than remarkable.

In small-pox, it is a popular belief that "the striking in," as it is termed, or suppression of the pustules, is a bad symptom; and this is so far true, that the worst cases of this disease are those in which there is great swelling of the integuments without the due formation of pus in the usual situation. In every instance in which I have examined it, I found pus in the blood of patients affected with small-pox.

In the fourth and fifth experiments the pus which was injected into the serous sacs would appear to have been absorbed. A more careful inquiry, however, would be requisite to warrant this conclusion.

I have related instances of pus in the blood, independently of suppuration out of the vessels: this fact appears to be of some importance, for it must be inferred that the pus was not absorbed, but formed in the blood.

Of the inflammatory, hectic, and low typhoid fever, it seems hardly necessary to observe that they appear to be all comprehended under the common designation of constitutional irritation in the interesting work of Mr. Travers, which I had not read till my attention was directed to it by Mr. Liston, after this paper was written. Under the term typhoid, I have included that grave form of fever in which the vital powers sink rapidly, as I believe, from somewhat sudden and extensive mixture of pus with the blood, as sometimes occurs after operations on veins, or amputations, or even independently of wounds.

I cannot conclude this paper without expressing a hope that it will lead to a still more careful and extensive examination of the blood in various diseases than has hitherto been attempted. The microscope may become as important an instrument to the pathologist, and even to the medical practitioner, as the stethoscope. If my results should be confirmed, it is hardly too much to expect that some important discovery, particularly in diagnosis, may be made by a patient investigation of the blood in many malignant diseases, such as cancer: it is not long since the urinous fever, as it is called, was found to depend on the accumulation of urea in the blood.

LETTER FROM MR. POWELL.

MR. POWELL has sent us a reply to certain statements which, he says, have been put forth by Dr. Hake, in answer to the letter of Mr. Powell published in THE LANCET of August 10. As no attempts to confuse and distort the perfectly clear facts in dispute have appeared in our pages, it is not necessary to publish the whole letter of Mr. Powell. We shall, therefore, merely repeat those of his assertions which have already appeared in our columns, as he restates them with increased force, and yet stronger circumstantial evidence. Mr. Powell says:

"I perfectly remember the conversation which took place between Mr. Kiernan and Dr. Hake, during the inspection of an anatomical preparation under the microscope, on the evening that I passed at his house; and I can conscientiously assert that what I have stated respecting it was as nearly as possible what passed on that occasion. Dr. Hake has, to my surprise and regret, denied the correctness of my statement.

"The dispute between these two gentlemen has taken a very serious turn, and has excited much attention. I therefore feel myself bound to be not less cautious in what I say than if I were placed in a witness-box in a court of justice. Dr. Hake says that he looked at the preparation 'for some minutes.' I stated that he examined it for 'about *an hour and a half*.' To that statement I adhere. It occurs to me that Dr. Hake was so deeply interested in the subject under his inspection, as to be quite unconscious of the time he was occupied with it. Dr. Hake says that he looked at the circulation in an aquatic plant 'for a much longer time' than at the varicose capillaries. But Dr. Hake must remember the following circumstance:—After I had been examining the plant for some time I requested Dr. Hake to come and view the beauty of the circulation in the plant. His reply was, 'No, I can see that at any time; I have something to look at here (meaning the preparation) that is much more interesting.' He said that 'he could sit and look at it all night.' Dr. Hake says that Mr. Kiernan was 'obstinately taciturn, and that whatever remarks were made on the preparation came from him (Dr. Hake).' I am much astonished at this assertion. Mr. Kiernan actually, by way of apology, said to me, that he was sorry, after inviting me to see him, to leave me to amuse myself, while he and Dr. Hake were looking at the preparation, and talking on a subject which did not interest me.

"The examination of that one preparation, and the conversation upon it, occupied nearly the whole of the evening, and Dr. Hake's words that 'he would be as silent as the grave,' referred to the preparation he had seen, and not to any others which he had not seen. I now repeat what I said in my former letter, viz., that, with reference to this particular preparation, Dr. Hake wondered that Mr. Kiernan had not published it, that he was too careless about it, and that some one would certainly publish an account of *the same subject* before Mr. Kiernan.

"Dr. Hake admits that, as we walked home together from Mr. Kiernan's, he expressed his fear that Mr. Kiernan would be anticipated if he did not publish his discoveries soon. By *his discoveries* I understood Dr. Hake to mean the discoveries which Mr. Kiernan had that night communicated to him; and he did not give me the slightest idea that he had *ever* seen or even heard of such things before. When Mr. Kiernan told me that Dr. Hake intended to make public these discoveries as his own, I could not at first believe it; I thought that Mr. Kiernan had misunderstood Dr. Hake. I said, 'It must be a mistake.' Dr. Hake had expressed so much admiration of the anatomical preparation which he had seen, and so impressed was I with the effect produced on him by it, and by his anxiety that Mr. Kiernan should publish his discoveries, that I told my family on the next morning how delighted Dr. Hake had been with what Mr. Kiernan had shown him. * * *

"24, Clarendon-street, Somers Town,
"Sept. 11, 1839."

GENERAL DISPENSARY, ALDERSGATE-STREET.

To the Editor of THE LANCET.

SIR:—A letter having appeared in THE LANCET of the 14th inst, signed John H. Houghton, and annexing the copy of a note from me, as the collecter to the above institution, I feel called upon, in consequence of the unfounded insinuation contained in Mr. Houghton's letter, to state the circumstances under which my note was written.

There were seven candidates for the vacant office of apothecary, to the institution, and all of them, with the exception of Mr. Houghton and another, having inquired of me the latest hour up to which I could receive subscriptions from their friends, so as to entitle them to vote at the then ensuing election, I named nine o'clock in the evening of the 28th of August and in order that no misunderstanding might arise, I wrote the note above referred to, to each of the candidates.

I beg to add that my note was written solely in *answer* to the inquiry made of me by several of the candidates, and not for any such purpose as is insinuated in Mr. Hough-

ton's letter, and that I wrote without the sanction or even *knowledge*, of any member of the Committee, or any officer of the institution.

I shall feel obliged by your insertion of this in your next publication, and remain, Sir, your very obedient servant,

H. PIPER.

85, Aldersgate-street, Sept. 17, 1839.

THE CONCOURS.

To the Editor of THE LANCET.

SIR:—Your remarks on the necessity of introducing the concours as a test of the qualifications of candidates for medical chairs in our universities (LANCET, Aug. 24), must meet with the approval of every honest man who has turned his attention to the subject. I do not say that in every instance the concours would lead to the choice of the best man for such situations, for a *gabby body* might succeed while a more profound man might fail; but, at all events, the concours would infallibly exclude those who knew nothing of the subject to be taught.

Two teachers of forensic medicine have just been appointed in the University of Glasgow, one by the Crown, the other by the University; or, rather, one by a knot of political tricksters, and the other by a few foggy old Tories. Neither of the two nominees is understood to possess more than sufficient practical acquaintance with chemistry to enable them to perform the most simple analysis, far less to execute those laborious and difficult analyses, qualitative and quantitative, which are so frequently required in the practice of forensic medicine. How are these youths to teach what they do not understand? By taking a few lessons in a laboratory, I suppose, before they begin to deliver their lectures. They put me in mind of an army doctor, who, being ejected from the service for insolence and neglect of duty, actually applied to be made professor of oriental languages in one of our universities, and being asked by one of the patrons whether he knew the Hebrew language, answered, "No, but he really meant to learn it!" Such absurdities as these, at least, would be prevented by the concours, and students would be saved from the insult of attending a set of ignoramuses who pretend to teach what they themselves have never studied, and do not understand. I am, &c.,

ÆNEAS ROBERTSON.

Muslin-street, Paisley, Sept. 12, 1839.

WORKS IN PARTS.

To the Editor of THE LANCET.

SIR:—I am surprised that you, as censor *morum medicorum*, have not denounced the breaches of faith of certain authors or publishers,* who advertise their intention of printing certain works in *parts*, within a certain time, and having then, by the presumed respectability of their names, insured a sufficient number of subscribers, discontinue the publication of the remainder of the books altogether. The subject is worthy of your pen; I will furnish you with the text. In the advertisement to the *first part* of the *second* volume of Dr. Arnott's "Elements of Physic," published by Messrs. Longman and Co., in 1829, there occurs the following paragraph:—

"The second *part* of volume the second, comprising electricity, magnetism, and astronomy, and *concluding* the work, will be put to press after the publication of the present part."

It is needless to say that the public have waited in vain until the year 1839, for the redemption of this pledge, and that the work still remains incomplete, although, from time to time, as in the advertisement sheet of Part I. of "Copland's Medical Dictionary," in the year 1832, we are informed that "the concluding part of vol. the second will be published in the course of the season."

Then, as to Dr. Copland's "Dictionary," the first part of which was published at the beginning of 1833, with a variety of pledges, which must be in the memory of your readers, and which it would be tedious to recapitulate; I will at once, therefore, refer to part the second, where we are informed that "part 3 will be published early in 1834." It was not published till April 1835! Part 3 informs us that "part 4 is *in the press*, and will be published *shortly*." It was published in 1837! and contained the following announcement *from the author*:—"The materials for the remaining parts are in such a state of forwardness as to induce the author to promise the 5th part in December next, and the *concluding* part in *a few months* after that." In May, 1838, more than *a year* after the fifth part was so positively promised, *half* of part 5 is published, with the following announcement:—"The author assures the subscribers that the materials for the remainder of the work are in such a state of forwardness as to enable him *henceforward* to bring out a half-part every three months until the whole is completed." If this pledge had been redeemed the work would have been completed nine months ago, but the public are still looking out for the *other* part of *part 5*! Whether they will ever get it is best known to the promising author and publishers. The whole affair is discreditable to them. I remain, Sir, yours, &c.

VERAX.

* Wrong. We have several times censured these breaches of faith.—ED. L.

DEATH IN THE NEW PRISON.

CORONER'S INQUEST.

On Monday evening a lengthened inquiry was instituted before Mr. Wakley and a respectable jury, in the Committee-room of the New Prison, Clerkenwell, on view of the body of Thomas Bowles, an inmate of the above prison, whose death was occasioned under the following circumstances :—

William Willaby, storekeeper of the New Prison, Clerkenwell, deposed that the deceased was admitted an inmate about seven o'clock on the evening of Thursday last, under a warrant from Mr. Greenwood, one of the police magistrates of Hatton-garden, charged with felony, and remanded for re-examination until that day. He appeared in good health. He was taken into the reception-yard, and delivered to a turnkey, named Walton. On Saturday morning, about eight o'clock, he saw the deceased in the felons' yard. He came to the door while witness was serving out bread, and appeared in a very agitated state. He said, "Pray let me out; I want to go to get my breakfast just round the corner." He was all of a shake, and added, "My wife lives just there, and I shall soon be back again." Witness considered that it was a joke of the other prisoners, and told deceased to go away, and then shut the door. After chapel on the same morning witness saw him in the infirmary, to which place he had been removed. The Governor was with him, and two other turnkeys, and he still appeared in the same agitated condition. Witness had not seen him since.

By the CORONER.—The two other parties who were committed at the same time, and for the same offence, were named Clark and Humphries, and on their names being called over the deceased appeared quite well, and answered to his name with the others.

Henry Walton stated he was one of the turnkeys of the New Prison. On receiving the deceased into his custody, about seven o'clock on the evening of Thursday, he complained of the unfairness of himself and friends being confined there. On Saturday morning witness saw the deceased in the infirmary-yard, when he was walking very quick, and talking to himself. He again saw him in the same yard at six on Saturday evening. The deceased came up and shook hands with witness, and begged of him to let him go. He was very much excited. He then went into the ward, and witness did not see him again until Monday morning, dead.

William Cattle, infirmary turnkey of the prison, deposed that deceased came under his care about ten o'clock on Saturday morning. He was labouring under very great excitement, and continued so during the day. He was continually talking about home, and his wife and children, and at times he would order certain quantities of beer to be drawn, and scolded as if he was at home. He made attempts to pull the windows and doors open, and about six o'clock on Saturday evening witness put a strait-waistcoat on him. Mr. Wakefield, the prison-surgeon, saw the deceased about 11 o'clock on Saturday morning, but did not prescribe for him, as he said his pulse was tranquil.

By the CORONER.—I received no orders from the medical man to put a strait-waistcoat on the deceased. It is not usual to do so. The deceased became more quiet, and I left him a little before eight o'clock, and did not see him again until seven o'clock the next morning, dead.

Thomas Hunt deposed to relieving the last witness in the charge of the infirmary at a quarter past nine o'clock. The deceased was then fastened loosely on the bed, and appeared raving mad. He left him in charge of Bedford, the watchman, about twelve o'clock, and about half-past one o'clock witness was called up by the Governor to go for a doctor for the deceased. On going into the infirmary the deceased was in an upright position in bed, resting on the arms of the nurse and Bedford. He appeared quite dead.

By the CORONER.—Nothing was done for the deceased between the hours of nine and twelve, but a little cold water was occasionally applied to his temples. I had no advice or orders as to how the deceased was to be treated.

Richard Bedford stated that he was with the deceased from twelve to one o'clock on Sunday morning. On leaving him the deceased sat up in bed, and sang "The days when we went gipsying a long time ago." Witness was going his round to inspect the prison wards, when he heard the alarm-bell of the infirmary ring. He ran up to the room where he left deceased, and found him reclining on the arms of a prisoner named Anderson and the nurse. He appeared quite dead, and witness immediately gave information to the Governor.

James Anderson, a prisoner, and nurse to the infirmary, said the deceased was very violent from eleven to one o'clock, when he became quite exhausted; however, he turned to singing songs, and sang so very well that witness was much amused. Shortly afterwards his face became very red, and his lips turned black. He died at half-past one.

By the CORONER.—The prison surgeon saw deceased on Saturday morning. Looked at his tongue and felt his pulse. That was all he did, and ordered nothing for him. At the time of the surgeon's visit deceased was mad, and when the surgeon told him to put out his tongue he held out his hand instead.

At this stage of the proceedings the Coroner and Jury proceeded to view the body, after which

Mr. Wakefield, the prison surgeon, was examined.—I first saw deceased between eleven and twelve on Friday morning, when he made no complaint, and was apparently in good health. On Saturday morning I again saw him about eleven o'clock, when he was labouring under great excitement. I spoke to him and his excitement stopped. I then felt his pulse, which was beating quickly, and I should say feebly. I requested him to put his tongue out, which he did. There was a tremulous motion about him. I found no fault with the appearance of his tongue, and my impression was that he was labouring under something like *delirium tremens*. His countenance appeared as if he had been drinking several successive days. I gave orders that he should be carefully watched. I then left him, and did not see him again till he was dead. I opened the body on Monday, and found nothing in the head to make me believe there was any determination of blood to it, nor did I find what I expected to find, a softening of some portion of the brain, and none of the membranes showed that there had been inflammatory action in them. The heart was smaller than usual, and there was little or no blood in its ventricles. I never opened a body which presented fewer signs of disease. The liver was not like that of a hard drinker. If I am to speak positively, I could not tell what complaint the deceased actually died of, but I suppose from extraordinary excitement.

Coroner.—Will you define, as nearly as you can, the cause of death in this case?

Witness.—I think death proceeded from a slight turgescence of the vessels of the brain, which turgescence was caused by mental excitement.

Coroner.—I hope it will not happen again, that proper information will be withheld from you, as in this case, of the exact state of a prisoner, and that no prisoner will be allowed, without having something done for him, to remain until the system is completely exhausted.

Mr. Wakefield.—I hope not; I shall take care, in future, to prevent it.

Verdict,—"That the deceased died of exhaustion, arising from an over-excited state of the nervous system."

SMALL-POX OCCURRING TWICE.

To the Editor of The Lancet.

Sir:—In The Lancet of September 14 I find, in a communication from Mr. Marshall, the following statement:—"Of 433 small-pox cases, 10 were instances in which the disease occurred twice." This is so startling a statement, and is so entirely opposed to the general opinion of the infrequency of small-pox attacking the same person twice, that I am induced to draw the attention of the profession particularly to that point, fully satisfied that there must be many of your readers whose extensive acquaintance with disease will enable them either to contradict or confirm the above statement. The medical officers, also, of the Small-pox Hospital must have ample opportunities of informing the profession whether the proportion of secondary small-pox be so large as Mr. Marshall states it to be; and I hope from one or other of these sources to receive the necessary information; for until I can have yet stronger evidence of the fact, I shall continue to believe that it is extremely rare,—so rare, indeed, as to throw considerable doubt on the accuracy of the information upon which Mr. Marshall has grounded his report. My scepticism, I beg to say, relates particularly to the first attack of small-pox in these ten cases; and in this I think I am fully justified, from the known difficulty of obtaining authentic information from such sources as would be entirely satisfactory. I am, Sir, your

Constant Reader.

Sept. 16, 1839.

REGISTRATION OF BIRTHS.

To the Editor of The Lancet.

Sir:—Your correspondent "Medicus," page 865, of your publication, is desirous of learning from those who have approximated to accuracy in the registration of births, what steps they have taken to effect so desirable an object. As I presume the births registered by me are, as near as may be, in proportion to the deaths, being for the year 1837-8, 871 to 538, and for the year 1838-9, 993 to 616, I shall briefly state how these registrations have been effected. I am not aware that there is anything peculiar in my mode of registration. I regard the registration as a public duty, and therefore make it paramount to all other secular duties. I obtain information of births from practitioners in midwifery, as well as from private persons, in my district, and in case any one should not call at my office to register, I take an early and convenient opportunity of waiting upon each. It sometimes happens that parties have removed; in such cases I follow them, if practicable, to their new residences. It is, in my opinion, by a diligent use of these means that an approximation to accuracy in the registration of births can be effected under the present Act.

J. P.

Sept. 13, 1839.

DR. SIGMOND AT SYDENHAM COLLEGE.

To the Editor of THE LANCET.

SIR:—May I request that you will do me the favour to state in the next number of THE LANCET that the advertisement which announces that I am about to deliver an introductory address at the School in Little Windmill-street, has been inserted without my knowledge or consent. When I first saw it, I believed it to be the result of mistake, but its repetition obliges me to contradict the promise it holds forth in my name.

I do not intend in future to lecture on materia medica, but purpose to deliver a course on the Principles and Practice of Medicine from the chair that has been so ably filled by Dr. Marshall Hall, at Sydenham College.

I have the honour to be, Sir,
Your obedient servant,
GEORGE G. SIGMOND, M.D.

24, Dover-street, Sept. 18, 1839.

HÆMORRHAGE AFTER TOOTH-DRAWING.

To the Editor of THE LANCET.

SIR:—When, after the extraction of a tooth, the hollow-bleeding is profuse, let the hollow be well plugged with glazier's putty, enclosed in lint. Oblige me by inserting this in your valuable publication.

I am, Sir, your obedient servant,
PATRICK GILLESPIE.

69, Lisson-grove North,
Sept. 13, 1839.

STUDENTS' NUMBER.

OUR next Number will constitute the "Students' Number," of THE LANCET; we have, therefore, to request that prospectuses and notices of lectures, &c., may be forwarded to our office as early as possible in the ensuing week.

BOOKS RECEIVED.

A Manual of Pharmacy for the Student of Veterinary Medicine; containing the substances employed at the Royal Veterinary College, with an attempt at their classification, and the Pharmacopœia of that institution. By W. J. T. Morton, Lecturer on Veterinary Materia Medica, &c. 2nd Edition. London: Longman and Co., 1839. pp. 296.

On the Diniodide of Copper; a paper read at the Veterinary Medical Association, 1839. By W. J. T. Morton. London, 1839. 8vo, pp. 16.

TO CORRESPONDENTS.

Mr. Spilsbury's paper has been received.

The letter of *Mr. Harcourt* next week.

We have received the packet from Manchester, and shall attend to the request of *Dr. I.*

We have not seen the work entitled "Sparks," &c., and, therefore, decline inserting any notice of it.

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